

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) John Tobia  
 Name  
 (2) PO Box 61051  
 Address (number and street)  
Palm Bay, FL 32906  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1236041]  
 Submitted on:  
 10/23/2020 16:21:13 (eastern)

Check here if address has changed

(3) ID Number: 797

(4) Check appropriate box(es):

- Candidate Office Sought: County Commissioner, District 3
- Political Committee (PC)
- Electioneering Communications Org. (ECO)  Check here if PC or ECO has disbanded
- Party Executive Committee (PTY)  Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications)  Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 9 / 5 / 2020 To 9 / 18 / 2020 Report Type: G3

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$        ,        , 0 . 00

Loans \$        ,        , 0 . 00

Total Monetary \$        ,        , 0 . 00

In-Kind \$        ,        , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures \$        ,        , 0 . 00

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 0 . 00

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        , 147 , 250 . 00

### (10) TOTAL Monetary Expenditures To Date

\$        , 60 , 992 . 09

### (11) Certification

**It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)**

I certify that I have examined this report and it is true, correct, and complete:

(Type name) \_\_\_\_\_  
 Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

X \_\_\_\_\_  
 Signature

(Type name) \_\_\_\_\_  
 Candidate  Chairperson (only for PC and PTY)

X \_\_\_\_\_  
 Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name John Tobia (2) I.D. Number 797

(3) Cover Period 9/5/2020 through 9/18/2020 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
9/8/2020 / /	Gerrell, Amanda 8287 Bayview Crossing Dr. Winter Garden, FL 34787	I	health care	CH		Delete	\$500.00
1							
9/8/2020 / /	Gerrell, Mathew 8287 Bayview Crossing Dr. Winter Garden, FL 34787	I	health care	CH		Add	\$500.00
2							
/ /							
/ /							
/ /							
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/ /							
/ /							
/ /							

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name John Tobia

(2) I.D. Number 797

(3) Cover Period 9/5/2020 through 9/18/2020

(4) Page 1 of 0

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
// /					
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