

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Wayne Ivey  
 Name  
 (2) 5425 Village Drive, #103  
 Address (number and street)  
Rockledge, FL 32955  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1195350]  
 Submitted on:  
 12/10/2019 13:00:38 (eastern)

Check here if address has changed

(3) ID Number: 800

(4) Check appropriate box(es):

Candidate Office Sought: Sheriff

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 11 / 1 / 2019 To 11 / 30 / 2019 Report Type: M11

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 \$        ,        , 53 . 45

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 53 . 45

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        , 53 , 559 . 80

### (10) TOTAL Monetary Expenditures To Date

\$        ,        , 359 . 30

### (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 Wayne Ivey (2) I.D. Number 800

11/1/2019 through 11/30/2019

(3) Cover Period \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ through \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (4) Page 1 of 0

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

(1) Name Wayne Ivey

(2) I.D. Number 800

(3) Cover Period 11/1/2019 through 11/30/2019

(4) Page 1 of 1

(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					
11/11/2019 //	Johns Benson & Johns, CPAs, 5425 Village Dr #103 Viera, FL 32955	checks for less reimbursement	MO		\$53.45
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