	CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	Bill Prummell	OFFICE USE ONLY									
	Name	ONLINE SUBMISSION									
(2)	PO Box 510086	Submitted on:									
	Address (number and street)	7/2/2020 11:41:20 (eastern)									
	Punta Gorda, FL 33951-0086										
	City, State, Zip Code	(2) ID Noveley									
	Check here if address has changed	(3) ID Number: 589									
(4)	Check appropriate box(es):										
											
	☐ 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									
	marvioual making electioneering communications)										
	(5) Report	Identifiers									
Cove	er Period: From 6 / 13 / 2020 To	6 / 26 / 2020 Report Type: P2									
× o	riginal Amendment Spe	pecial Election Report									
(6)	Contributions This Report	(7) Expenditures This Report									
		Monetary									
Casl	h & Checks \$, 3 , <u>125</u> . <u>00</u>	Expenditures \$, , <u>19</u> . <u>33</u>									
	ns \$, , 0.00										
Loar	ns \$,, <u>0</u> .00	Transfers to Office Account \$									
Toto	I Monetary \$, 3 , 125 . 00	Office Account \$, , , 0 . 00									
Tula	,, <u></u> ,,	Total Monetary \$, , , 33									
In-Ki	ind \$, , 58.00	,,,									
III IXI	,,,,	(8) Other Distributions									
		\$,, 000_									
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date									
	\$	\$, , <u>701</u> . <u>81</u>									
	(11) Ceri	tification									
	It is a first degree misdemeanor for any pers	on to falsify a public record (ss. 839.13, F.S.)									
Ιc	certify that I have examined this report and it is true, corr	rect, and complete:									
(T	ype name)	(Type name)									
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)									
	electioneering comm.)										
Х		×									
	gnature	Signature									

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Bill Pro	ımmel	1	(2) I.D. Number								
	6/1	3/20	20		6/26/	2020						
(3) Cover Period	4	1	I	through	1	1	(A) Page	1	of	2		

(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)			_			
Sequence	Street Address &		ontributor	Contribution	In-kind		9 000000000000000000000000000000000000
Number	City, State, Zip Code		Occupation	Туре	Description	Amendment	Amount
6/17/2020 / /	Holt, William 10100 Burnt Store Rd Unit 88	I	retired	CH			\$250.00
1	Punta Gorda, FL 33950-7937						
6/19/2020 / /	Walsh, Thomas M 1415 San Cristobal Ave, #9 Punta Gorda, FL 33983	I	retired	СН			\$250.00
2							
6/19/2020	IMS Gulf Coast, LLC, 11139 Tamiami Trail Punta Gorda, FL 33955	В	business owner	СН			\$1,000.00
3	Punta Gorda, FL 33955						
6/19/2020	Prompt Rigging & Supply, LLC, 11139 Tamiami Trail Punta Gorda, FL 33955-1352	В	business owner	СН			\$1,000.00
4							
6/24/2020 / /	Cole-Hatchard, Stephen FS119.071 FS119.071 FS119.071, FS FS119.071	I	retired	СН			\$500.00
6/14/2020	Decker, Ellen 2700 N. Beach Rd Bldg F Englewood, FL 34223	I	retired	СН			\$25.00
6	Englewood, FE 34223						
6/14/2020	Goff, Rick FS119.071 FS119.071	I	leo	СН			\$50.00
7	FS119.071, FS FS119.071						
6/14/2020	Goff, Sue FS119.071 FS119.071 FS119.071, FS FS119.071	I	leo spouse	CH			\$50.00

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Bill Prummell			(2) I.D. Numbe	er5	89
	6/13/2020 od///		6	/26/2020	(4) Pag	e	of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)	8)		(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	Contri	butor ccupation	Contribution	In-kind Description	Amendment	Amount
Number	Rodriguez, Andres	Type O		Type IK	web-site	Amendment	\$58.0
6/26/2020	FS119.071 FS119.071 FS119.071, FS FS119.071						,,,,,,
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Bi	11	Prum	nell			700					(2) I.D. Nu	ımb	er	Ę	589	
		6/1	3/2	020			6/26/	2020)							
(3) Cover Peri	iod		1	1	throu	ıqh	1		1		(4) Page		1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
6/16/2020	Paypal, no address no address no address, fl no address	processing fees	МО		\$19.33
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