

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Theressa Amanda Foster West  
 Name  
 (2) 6454 W Corral Place  
 Address (number and street)  
Beverly Hills, FL 34465  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1242446]

Submitted on:  
 1/29/2021 14:10:35 (eastern)

Check here if address has changed (3) ID Number: 461

(4) Check appropriate box(es):

Candidate Office Sought: Mosquito Control Board - Seat 2

Political Committee (PC)  Check here if PC or ECO has disbanded

Electioneering Communications Org. (ECO)  Check here if PTY has disbanded

Party Executive Committee (PTY)  Check here if no other IE or EC reports will be filed

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

### (5) Report Identifiers

Cover Period: From 10 / 30 / 2020 To 2 / 1 / 2021 Report Type: TRAG

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 \$        ,        , 4 . 60

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 4 . 60

**(8) Other Distributions**  
 \$        ,        , 0 . 00

**(9) TOTAL Monetary Contributions To Date**  
 \$        , 28 , 120 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$        , 28 , 120 . 00

### (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 Theressa Amanda Foster West (2) I.D. Number 461

10/30/2020 through 2/1/2021

(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 Theressa Amanda Foster West

(2) I.D. Number 461

(3) Cover Period 10/30/2020 through 2/1/2021

(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
11/30/2020 //	Brannen Bank, 865 US-19 Crystal River, FL 34429	bank fees	MO		\$4.60
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