

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Stephanie Adams
 Name
 (2) 1126 E Triple Crown Loop
 Address (number and street)
Hernando, Fl 34442
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1240851]
 Submitted on:
 12/28/2020 09:24:31 (eastern)

Check here if address has changed (3) ID Number: 497

(4) Check appropriate box(es):
 Candidate Office Sought: Mosquito Control Board - Seat 2
 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 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 \$, , 242 . 40
 Transfers to Office Account \$, , 0 . 00
 Total Monetary \$, , 242 . 40

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

(9) TOTAL Monetary Contributions To Date
 \$, , 955 . 00

(10) TOTAL Monetary Expenditures To Date
 \$, , 955 . 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 Stephanie Adams (2) I.D. Number 497

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 Stephanie Adams

(2) I.D. Number 497

(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
11/20/2020 / / 1	Shepherd Rescue, K-9 Services German 3913 Little Dairy Road Green Cove Springs, FL 32043	distribution of funds	MO		\$100.00
11/20/2020 / / 2	Pantry, S.O.S. Food P. O. Box 640774 Beverly Hills, FL 34464-0744	distribution of funds	MO		\$142.40
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