

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Connie Thomas

Name

(2) PO Box 8854

Address (number and street)

Fleming Island, FL 32006

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: 690

(4) Check appropriate box(es):

☒ Candidate Office Sought: County Commissioner District 3

☐ 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

OFFICE USE ONLY  
ONLINE SUBMISSION  
[1231095]

Submitted on:

9/17/2020 13:47:48 (eastern)

### (5) Report Identifiers

Cover Period: From 8 / 1 / 2020 To 8 / 13 / 2020 Report Type: P7

☐ 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 \$        ,        , 1 . 75

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 1 . 75

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        , 16 , 025 . 00

### (10) TOTAL Monetary Expenditures To Date

\$        , 13 , 511 . 94

### (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 Connie Thomas (2) I.D. Number 690  
8/1/2020 through 8/13/2020  
 (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 Connie Thomas

(2) I.D. Number 690

(3) Cover Period 8/1/2020 through 8/13/2020

(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
8/6/2020 / /	Stripe, 510 Townsend St. San Francisco, CA 94103	online processing	MO	Add	\$1.75
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