

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Paul (Jody) Stephenson  
 Name  
 (2) 591 NE 831 Ave  
 Address (number and street)  
Old Town, FL 32680  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1210992]

Submitted on:  
 6/16/2020 21:12:55 (eastern)

Check here if address has changed

(3) ID Number: 184

(4) Check appropriate box(es):

- Candidate Office Sought: County Commissioner - District 1
- 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 6 / 1 / 2020 To 6 / 12 / 2020 Report Type: P1

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$      ,   1   ,  700  .  00 

Loans \$      ,      ,   0   .  00 

Total Monetary \$      ,   1   ,  700  .  00 

In-Kind \$      ,      ,   0   .  00 

### (7) Expenditures This Report

Monetary Expenditures \$      ,      ,  842  .  62 

Transfers to Office Account \$      ,      ,   0   .  00 

Total Monetary \$      ,      ,  842  .  62 

### (8) Other Distributions

\$      ,      ,   0   .  00 

### (9) TOTAL Monetary Contributions To Date

\$      ,   5   ,  700  .  00 

### (10) TOTAL Monetary Expenditures To Date

\$      ,   3   ,  769  .  93 

### (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 Paul (Jody) Stephenson (2) I.D. Number 184

6/1/2020 6/12/2020

(3) Cover Period         /        /         through         /        /         (4) Page 1 of 1

(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
6/5/2020 / /	STEPHENSON, JODY 591 Ne 831st Avenue Old Town, FL 32680	S	self employed	CA			\$700.00
1							
6/12/2020 / /	STEPHENSON, JODY 591 Ne 831st Avenue Old Town, FL 32680	S	self employed	CA			\$1,000.00
2							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

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

(1) Name Paul (Jody) Stephenson

(2) I.D. Number 184

(3) Cover Period 6/1/2020 through 6/12/2020

(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
(6) Sequence Number					
6/5/2020 / /	CHAVOUS, E.B. 167 NE 592 STREET OLD TOWN, FL 32680	fuel	MO		\$100.00
1					
6/5/2020 / /	THE PRINT SHOP, 224 N MAIN STREET CHIEFLAND, FL 32626	magnetic signs	MO		\$441.30
2					
6/2/2020 / /	THE PRINT SHOP, 224 N MAIN STREET CHIEFLAND, FL 32626	hats	MO		\$301.32
3					
/ /					
/ /					
/ /					
/ /					
/ /					