CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Dynette Lewis	OFFICE USE ONLY						
Name	ONLINE SUBMISSION [1230274]						
(2) <u>16 Maple St</u>	Submitted on:						
Address (number and street) Century, FL 32535	9/10/2020 18:17:53 (eastern)						
City, State, Zip Code							
Check here if address has changed	(3) ID Number: 678						
(4) Check appropriate box(es):							
Candidate Office Sought: Century Town	Council. Seat 1						
Political Committee (PC)							
	Check here if PC or ECO has disbanded						
	☐ Check here if PTY has disbanded						
individual making electioneering communications)	Check here if no other IE or EC reports will be filed						
(5) Report Identifiers							
Cover Period: From 8 / 22 / 2020 To							
☐ Original ☐ Amendment ☐ Sp	ecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
	Monetary						
Cash & Checks \$ , , , 00	Expenditures \$ , , , 00						
Loans \$,,_0.00	Transfers to						
	Office Account \$,,,0.00						
Total Monetary \$ , , 0.00							
·	Total Monetary \$ , , 0 . 00						
In-Kind \$, 0.00							
	(8) Other Distributions						
	\$,,000						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$,, <u>415</u> . <u>00</u>	\$,, <u>323</u> 86_						
(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)	(Type name)						
Individual (only for IE Treasurer Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)						
X							
X	X						
Signature	Signature						

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## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	(2) I.D. Number						
	8/22/2020		9	/4/2020			
(3) Cover Per	iod / /	thro	ough	11	(4) Page	<b>e</b>	of
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence	(Last, Suffix, First, Middle) Street Address &		ontributor	Contribution	In-kind		
Number	City, State, Zip Code		Occupation	Туре	Description	Amendment	Amount
9/4/2020	N/a, N/a <sup>N/a</sup> N/a, N/ N/a	I	n/a	CA	n/a		\$0.00
1							
1 1	_						
1 1							
1 1	_						
1 1	_						
1 1							
1 1							
1 1	_						

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Dyne	CAMPAIGN TREASURER'S R		EXPENDIT 2) I.D. Number			
	8/22/2020 9/4 / through	1/2020 1//(4	4) Page <u>1</u>	of	1	
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle) Street Address &	(8) Purpose (add office sought if contribution to a	(9) Expenditure	(10)	(11)	
Sequence Number	City, State, Zip Code	candidate)	Туре	Amendment	Amount	
	N/a, N/a N/a N/a, N/ N/a	n/a	MO		\$0.00	
_/ /						
_/ /						
_/_/						
_/_/						
_/ /						
11						
11						

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES