CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	James A. Surrency	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION							
(2)	Post Office Box 703; 779 SW 103rd Stre	Submitted on:							
	Address (number and street)	10/19/2020 15:44:39 (eastern)							
	Trenton, F1 32693								
	City, State, Zip Code								
	Check here if address has changed	(3) ID Number: 205							
(4)	Check appropriate box(es):								
	 ☐ Candidate Office Sought: Superintendent of Schools ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Check here if PC or ECO has disbanded ☐ Check here if PTY has disbanded ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications) 								
	(5) Report	Identifiers							
Cove	er Period: From <u>5</u> / <u>1</u> / <u>2020</u> To	5 / 31 / 2020 Report Type: 2020							
	riginal Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Casl	n & Checks \$, , ,000	Monetary							
Loar		Transfers to Office Account \$, , , 0 . 00							
Tota	I Monetary \$, , , 000	Total Monetary \$, , _10 . 00							
In-Ki	and \$,,,000								
		(8) Other Distributions \$, , 000_							
(9)	(9) TOTAL Monetary Contributions To Date \$\\ \begin{array}{cccccccccccccccccccccccccccccccccccc								
(T	(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								
<u>X</u>		X Sign above							
Si	gnature	Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	James A. Surrency				z) I.D. Numbe	f*2	.05
	5/1/2020	/2020					
(3) Cover Perio	od / /	throug	gh	11	(4) Pag	e <u> </u>	of 0
(5)	(7)	((8)	(9)	(10)	(11)	(12)
Date	Full Name	`	,	(3)	X:=3	X 12	()
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &	Cont	ributor	Contribution	In-kind		
Number	City, State, Zip Code		Occupation	Туре	Description	Amendment	Amount
Number	City, State, Zip Code	туре с	occupation	туре	Description	23110110110110	Amount
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name James	8 A.	Sur	rency				 (2) I.D. Nur	nber		205	
	5/	1/202	20		5/31/2	020					
(3) Cover Period		1	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
5/29/2020	Capital City Bank, 109 W Wade Street Trenton, FL 32693	service charge	MO	Add	\$10.00
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