

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Test Sample  
 Name \_\_\_\_\_  
 Address (number and street) \_\_\_\_\_  
LaBelle, FL 33935  
 City, State, Zip Code \_\_\_\_\_

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1217688]

Submitted on:  
 7/17/2020 17:32:09 (eastern)

Check here if address has changed

(3) ID Number: \_\_\_\_\_ 127

(4) Check appropriate box(es):

Candidate Office Sought: Test Office

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

### (5) Report Identifiers

Cover Period: From 3 / 1 / 2020 To 3 / 31 / 2020 Report Type: M3

Original

Amendment

Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_ , \_\_\_\_\_ , 100 . 00

Loans \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , 100 . 00

In-Kind \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

Transfers to Office Account \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

### (8) Other Distributions

\$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ , 2 , 650 . 00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ , 1 , 701 . 80

### (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 Test Sample (2) I.D. Number 127  
 (3) Cover Period 3/1/2020 through 3/31/2020 (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
3/17/2020 / /	Testing, Test 123 Not Cee, FL 33449	I	testing	CH		Add	\$100.00
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Test Sample

(2) I.D. Number 127

(3) Cover Period 3/1/2020 through 3/31/2020

(4) Page 1 of 0

(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					
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