

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Samuel Simmons
 Name

(2) P O Box 761
 Address (number and street)

Clewiston, FL 33440
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1210674]

Submitted on:
 6/15/2020 20:08:10 (eastern)

Check here if address has changed (3) ID Number: 154

(4) Check appropriate box(es):

Candidate Office Sought: County Commission 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 \$, , 0 . 00

Loans \$, , 0 . 00

Total Monetary \$, , 0 . 00

In-Kind \$, , 207 . 10

(7) Expenditures This Report

Monetary Expenditures \$, 2 , 303 . 21

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, 2 , 303 . 21

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 2 , 750 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 2 , 303 . 21

(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 Samuel Simmons (2) I.D. Number 154

(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) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
6/1/2020 / /	Simmons, Samuel alonzo p o box 761 Clewiston, Fl 33440	S	retired teacher	IK	purchased magnetic sign		\$207.10
1							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Samuel Simmons

(2) I.D. Number 154

(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					
6/4/2020 / /	supervisor of election, p o box 174 labelle, fl 33975	qualifying fee	MO		\$2,213.76
1					
6/10/2020 / /	printplace, 1130 ave H east arlington, tx 76011	purchased poster cards	MO		\$89.45
2					
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