

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
 [1239900]
 Submitted on:
 11/20/2020 14:45:24 (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 8 / 15 / 2020 To 11 / 16 / 2020 Report Type: TRP
 Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 0 . 00
 Loans \$, , 0 . 00
 Total Monetary \$, , 0 . 00
 In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 60 . 04
 Transfers to Office Account \$, , 0 . 00
 Total Monetary \$, , 60 . 04

(8) Other Distributions
 \$, , 0 . 00

(9) TOTAL Monetary Contributions To Date
 \$, 2 , 750 . 00

(10) TOTAL Monetary Expenditures To Date
 \$, 2 , 750 . 00

(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

8/15/2020 through 11/16/2020

(3) Cover Period _____ / _____ / _____ through _____ / _____ / _____ (4) Page 1 of 0

(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
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Samuel Simmons

(2) I.D. Number 154

(3) Cover Period 8/15/2020 through 11/16/2020

(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					
8/28/2020 //	ward, albert 834 harlem academy ave clewiston, fl 33440	remove campaign signs	MO	Add	\$60.00
1					
11/16/2020 //	simmons, samuel a p o box 761 clewiston, FL 33440	close the account	RM	Delete	\$39.49
2					
11/16/2020 //	simmons, samuel a p o box 761 clewiston, FL 33440	close the account	RM	Add	\$39.49
3					
//					
//					
//					
//					
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