

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Thomas Smith
 Name
 (2) P O Box 1003
 Address (number and street)
LaBelle, FL 33975
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1229022]

Submitted on:
 9/2/2020 15:39:28 (eastern)

Check here if address has changed (3) ID Number: 158

(4) Check appropriate box(es):

Candidate Office Sought: City of LaBelle Clerk Commissioner

Political Committee (PC) Check here if PC or ECO has disbanded

Electioneering Communications Org. (ECO) Check here if PTY has disbanded

Party Executive Committee (PTY) Check here if no other IE or EC reports will be filed

Independent Expenditure (IE) (also covers an individual making electioneering communications)

(5) Report Identifiers

Cover Period: From 6 / 13 / 2020 To 9 / 10 / 2020 Report Type: TRQ

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 \$, , 28 . 81

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 28 . 81

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

(9) TOTAL Monetary Contributions To Date
 \$, , 350 . 00

(10) TOTAL Monetary Expenditures To Date
 \$, , 350 . 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 Thomas Smith (2) I.D. Number 158

(3) Cover Period 6/13/2020 through 9/10/2020 (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 Thomas Smith

(2) I.D. Number 158

(3) Cover Period 6/13/2020 through 9/10/2020

(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					
6/19/2020 //	Smith, Thomas A PO Box 1003 Labelle, FL 33975	to close out election bank account.	MO		\$28.81
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