

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Scott Levinson
 Name
 (2) 4809 Wynwood Dr.
 Address (number and street)
Tampa, FL 33615
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1230532]
 Submitted on:
 9/11/2020 14:42:21 (eastern)

Check here if address has changed

(3) ID Number: 1828

(4) Check appropriate box(es):

- Candidate Office Sought: County Commissioner, Dist. 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 / 22 / 2020 To 9 / 4 / 2020 Report Type: G2

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 \$, , 19 . 30

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 19 . 30

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 14 , 153 . 20

(10) TOTAL Monetary Expenditures To Date

\$, 12 , 885 . 56

(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 Scott Levinson (2) I.D. Number 1828
 8/22/2020 through 9/4/2020
 (3) Cover Period / / through / / (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
8/25/2020 / /	KUMAGAI, SARAH 2918 COACHMAN AVE TAMPA, FL 33611	I	physician	CH			\$100.00
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Scott Levinson

(2) I.D. Number 1828

(3) Cover Period 8/22/2020 through 9/4/2020

(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					
8/25/2020 / /	ANEDOT, 1920 MCKINNEY AVE 7TH FL DALLAS, TX 75201	process fee	MO		\$4.30
1					
8/31/2020 / /	SUNTRUST BANK, P.O. BOX 305183 NASHVILLE, TN 37230	bank fee	MO		\$15.00
2					
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