CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Sonja P. Brookins	OFFICE USE ONLY						
Name	ONLINE SUBMISSION [1232332]						
(2) <u>1720 SE Lambright St.</u>	Submitted on:						
Address (number and street) Tampa, FL 33610	9/25/2020 23:08:36 (eastern)						
City, State, Zip Code							
Check here if address has changed	(3) ID Number: 1829						
(4) Check appropriate box(es):							
Candidate Office Sought: Soil and Wate	er Conservation, Dist. 4						
<ul> <li>Political Committee (PC)</li> <li>Electioneering Communications Org. (ECO)</li> <li>Party Executive Committee (PTY)</li> <li>Independent Expenditure (IE) (also covers an individual making electioneering communications)</li> <li>Check here if PTY has disbanded</li> <li>Check here if no other IE or EC reports will be filed</li> </ul>							
(5) Report Identifiers							
Cover Period: From <u>9</u> / <u>5</u> / <u>2020</u> To	9 / <u>18</u> / <u>2020</u> Report Type: <u>G3</u>						
🖾 Original 🗌 Amendment 🗌 Sp	pecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
Cash & Checks \$,, <u>250</u> . <u>00</u>	Monetary Expenditures \$ , , , 0 . 00						
Loans \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$,,0.00						
Total Monetary       \$	Total Monetary \$ , , , 0 . 00						
In-Kind $\qquad \qquad \qquad$	(8) Other Distributions						
	\$,, 00						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$,, <u>550</u> . <u>00</u>	\$,, 20000						
ا (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)	(Type name)						
Individual (only for IE Treasurer Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)						
x	x						
Signature	Signature						

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## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Sonja P. Brookins	ns (2) I.D. Number						
9/5/2020			9/18/2020					
(3) Cover Perio	od//	thro	ough	11	(4) Page	e <u>1</u>	of	
(5)	(7)		(8)	(9)	(10)	(11)	(12)	
Date	Full Name							
(6) Sequence	(Last, Suffix, First, Middle) Street Address &	- -	ontributor	Contribution	In-kind			
Number	City, State, Zip Code		Occupation	Туре	Description	Amendment	Amount	
	Hillsborough		retired	СН	Decemption		\$250.00	
9/9/2020 / /	Democratic Party, 13220 N. 56th St							
	Tampa, Fl 33617							
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name <u>Sonj</u>	CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES.ja P. Brookins(2) I.D. Number1829					
(3) Cover Period	9/5/2020 I// through	9/18/2020 //(	4) Page <u>1</u>	of	0	
(5) Date (6) Sequence Number	(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	
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES