

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Adam S. Goldstone  
Name

(2) 5714 Tortoise Place  
Address (number and street)  
Apollo Beach, FL 33572  
City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
[1234952]

Submitted on:  
10/16/2020 22:28:43 (eastern)

Check here if address has changed (3) ID Number: 1958

(4) Check appropriate box(es):

Candidate Office Sought: Supervisor, Harbor Bay CDD, Seat 5

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 10 / 3 / 2020 To 10 / 16 / 2020 Report Type: G5

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$        ,        , 0 . 00

Loans \$        ,        , 0 . 00

Total Monetary \$        ,        , 0 . 00

In-Kind \$        ,        , 209 . 85

**(7) Expenditures This Report**

Monetary Expenditures \$        ,        , 0 . 00

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 0 . 00

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

**(9) TOTAL Monetary Contributions To Date**  
\$        ,        , 0 . 00

**(10) TOTAL Monetary Expenditures To Date**  
\$        ,        , 0 . 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 Adam S. Goldstone (2) I.D. Number 1958  
 10/3/2020 through 10/16/2020  
 (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
10/15/2020 / /	Kittel, Sue Covesound Apollo beach, Fl 33572	I	retired	IK	meet and greet food and drinks		\$209.85
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Adam S. Goldstone

(2) I.D. Number 1958

(3) Cover Period 10/3/2020 through 10/16/2020

(4) Page 1 of 0

(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					
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