

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Byron L. Dickens  
 Name  
 (2) 4476 Dickson Rd  
 Address (number and street)  
Greenwood, FL 32443  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1226699]

Submitted on:  
 8/15/2020 00:09:26 (eastern)

Check here if address has changed (3) ID Number: 312

(4) Check appropriate box(es):

Candidate Office Sought: County Commissioner District 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 8 / 1 / 2020 To 8 / 13 / 2020 Report Type: P7

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$      ,      , 100 . 00

Loans \$      ,      , 0 . 00

Total Monetary \$      ,      , 100 . 00

In-Kind \$      ,      , 20 . 00

**(7) Expenditures This Report**

Monetary Expenditures \$      ,      , 1 . 50

Transfers to Office Account \$      ,      , 0 . 00

Total Monetary \$      ,      , 1 . 50

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

**(9) TOTAL Monetary Contributions To Date**  
 \$      ,      4 , 075 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$      ,      3 , 100 . 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 Byron L. Dickens (2) I.D. Number 312

(3) Cover Period 8/1/2020 through 8/13/2020 (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
(6) Sequence Number		Type	Occupation	Type	Description		Amount
8/6/2020 / /	Potter, Curly L. 4202 Old Cottondale Road Marianna, FL 32448	I		CH			\$50.00
1							
8/6/2020 / /	Crawford, Denise 5715 Palma Lane Greenwood, FL 32443	I		CH			\$50.00
2							
8/4/2020 / /	Dickens, Byron L. 4476 Dickson Road Greenwood, FL 32443	S		IK	graphic design		\$20.00
3							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Byron L. Dickens

(2) I.D. Number 312

(3) Cover Period 8/1/2020 through 8/13/2020

(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					
8/5/2020 //	Blue, Act P.O. Box 441146 Sommerville, MA 02144	process fee	MO		\$1.50
1					
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//					
//					
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//					
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