

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Kevin Sullivan
 Name

(2) 519 NE Gold Dust Rd
 Address (number and street)

Mayo, FL 32066
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1229983]

Submitted on:
 9/9/2020 18:31:10 (eastern)

Check here if address has changed

(3) ID Number: 70

(4) Check appropriate box(es):

Candidate Office Sought: Sheriff

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

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

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

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 \$, , 0 . 00

Loans \$, , 0 . 00

Total Monetary \$, , 0 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 240 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 240 . 00

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, , 450 . 00

(10) TOTAL Monetary Expenditures To Date

\$, , 470 . 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 Kevin Sullivan (2) I.D. Number 70

8/22/2020 through 9/4/2020

(3) Cover Period _____ / _____ / _____ through _____ / _____ / _____ (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 Kevin Sullivan

(2) I.D. Number 70

(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					
9/3/2020 //	THE SWAPPER, PO BOX 422 MADISON, FL 32341	the swapper advertisement ad.	MO		\$240.00
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