CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	Todd Luce	OFFICE USE ONLY								
	Name	ONLINE SUBMISSION								
(2)	1255 E. County Rd. 44	Submitted on:								
	Address (number and street)	10/5/2020 12:10:36 (eastern)								
	Eustis, FL 32736									
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number:352								
(4)	Check appropriate box(es):									
	 X Candidate Office Sought: County Commission District 5 ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Check here if PTY has disbanded ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications) 									
	(5) Report	Identifiers								
Cov		12 / 31 / 2019 Report Type: M12								
	riginal 🖾 Amendment 🔲 Spr	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Casl	h & Checks \$, , 0 . 00	Monetary								
Loar		Transfers to Office Account \$, , , 0 . 00								
Tota	I Monetary \$, , 0 . <u>00</u>	Total Monetary \$, -1 ,000 .00								
In-Ki	ind \$,,,000									
		(8) Other Distributions \$, , 000_								
(9)	TOTAL Monetary Contributions To Date \$, _47 , _31000	(10) TOTAL Monetary Expenditures To Date \$,43 ,70039								
(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										
X		_X								
Si	gnature	Signature								

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Todd Luce			2) I.D. Numbe	er <u>3</u>	152
	12/1/2019	1	.2/31/2019	(A) D=	sz 1	of ⁰
(3) Cover Perio	od / /	through	<i>i i</i>	(4) Pag	je <u>-</u>	or
(5)	(7)	(8)	(9)	(10)	(11)	(12)
Date (6)	Full Name (Last, Suffix, First, Middle)					
Sequence	Street Address &	Contributor	Contribution	In-kind	Amendment	K a
Number	City, State, Zip Code	Type Occupation	Туре	Description	Amendment	Amount
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	odd	Luce								 (2) I.D. Nur	nber	3	352	200
		12/	1/20	019			12/	31/2	2019					
(3) Cover Pe	riod	,	<i>r</i>	1	t	hrough		1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
12/2/2019	Strategic Image Management, 1509 E. 9th Ave Tampa, FL 33605	consulting	МО	Delete	\$1,000.00
12/2/2019	Strategic Image Management, 1509 E. 9th Ave Tampa, FL 33605	duplication	МО	Add	\$0.00
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DS-DE 14 (Rev					