

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) JAMES A LEAVENS  
 Name  
 (2) 36690 WHISPERING PINES RD  
 Address (number and street)  
NORTH FORT MYERS, FL 33917  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1238883]  
 Submitted on:  
 11/13/2020 13:07:56 (eastern)

Check here if address has changed

(3) ID Number: 1543

(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 / 14 / 2020 To 11 / 16 / 2020 Report Type: TRP

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 \$        , 6 , 362 . 41

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        , 6 , 362 . 41

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        , 107 , 951 . 40

### (10) TOTAL Monetary Expenditures To Date

\$        , 107 , 951 . 40

### (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 JAMES A LEAVENS (2) I.D. Number 1543

8/14/2020 through 11/16/2020

(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 JAMES A LEAVENS

(2) I.D. Number 1543

(3) Cover Period 8/14/2020 through 11/16/2020

(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
8/18/2020 //	Leavens, James A PO Box 3583 North Fort Myers, FL 33918	candidate repaid loan to himself	MO		\$6,362.41
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