

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) TODD JAMES TRUAX  
 Name  
 (2) P O BOX 367193  
 Address (number and street)  
BONITA SPRINGS, FL 34136  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1215379]

Submitted on:  
 7/6/2020 15:30:32 (eastern)

Check here if address has changed (3) ID Number: 1551

(4) Check appropriate box(es):

Candidate Office Sought: COUNTY COMMISSIONER-3

Political Committee (PC)

Electioneering Communications Org. (ECO)  Check here if PC or ECO has disbanded

Party Executive Committee (PTY)  Check here if PTY has disbanded

Independent Expenditure (IE) (also covers an individual making electioneering communications)  Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 6 / 1 / 2020 To 6 / 12 / 2020 Report Type: 20P1

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$        ,        , 175 . 00

Loans \$        ,        , 0 . 00

Total Monetary \$        ,        , 175 . 00

In-Kind \$        ,        , 0 . 00

**(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**  
 \$        , 26 , 490 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$        , 20 , 791 . 03

### (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 TODD JAMES TRUAX (2) I.D. Number 1551  
 (3) Cover Period 6/1/2020 through 6/12/2020 (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
6/1/2020 / /	Hans, Peggy 15790 Portofino Springs Blvd. Apt1 102 Ft. Myers, FL 33908	I	retired	CH		Add	\$50.00
1							
6/12/2020 / /	Absher, Lisa 2764 Gladiola Street Ft. Myers, FL 33901	I	accountant	CH		Add	\$100.00
2							
6/12/2020 / /	Hanson, Clark 6170 Cocos Drive Ft. Myers, FL 33908	I	retired	CH		Add	\$25.00
3							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

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

(1) Name TODD JAMES TRUAX

(2) I.D. Number 1551

(3) Cover Period 6/1/2020 through 6/12/2020

(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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