	CAMPAIGN TREASURE	R'S REPORT SUMMARY					
(1)	Alex Stemle	OFFICE USE ONLY					
	Name	ONLINE SUBMISSION					
(2)	3428 Briar Branch Tr	Submitted on:					
	Address (number and street)	5/14/2020 20:25:13 (eastern)					
	Tallahassee, FL 32312 City, State, Zip Code						
	_	(2) 10 M					
- 45	Check here if address has changed	(3) ID Number:598					
(4)	Check appropriate box(es):						
	☑ Candidate Office Sought: Leon County Sought☑ Political Committee (PC)	chool Board - District 4					
	☐ 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					
Cove	er Period: From $3 / 1 / 2020$ To	3 / 31 / 2020 Report Type: 20M3					
<u> </u>	Original Amendment Special Election Report						
(6)	Contributions This Report	(7) Expenditures This Report					
	Monetary						
Cash & Checks \$							
1	s \$, , 0.00	T					
Loar	ns \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$					
Tota	Il Monetary \$, , 0 . 00	Office Account \$, , , 0 . 00					
1014	, , , , ,	Total Monetary \$, 0 . 00					
In-Ki	ind \$, , 0.00	, , , , , , , , , , , , , , , , , , , ,					
***		(8) Other Distributions					
		\$,, <u>0</u> . <u>00</u>					
(0)	TOTAL Manatany Contributions To Date	(40) TOTAL Monatons Expanditures To Date					
(9)	TOTAL Monetary Contributions To Date \$,16_,03208_	(10) TOTAL Monetary Expenditures To Date \$, 5 , _02106					
	, <u>10</u> , <u>032</u> . <u>00</u>	, 5, 021.00					
	(11) Cert						
	It is a first degree misdemeanor for any person						
Ιc	certify that I have examined this report and it is true, corr	ect, and complete:					
_(T	ype name)	(Type name)					
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)					
Х		X					
	gnature	Signature					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Alex Stemle	(2) I.D. Number						
	3/1/2020		3	/31/2020				
(3) Cover Peri	od / /	thro	ough	<i>I I</i>	(4) Pag	je <u>1</u>	of 1	
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)	
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Ci Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount	
3/3/2020	Tallahassee Primary Care Assoc, 1511 Surgeons Dr., Suite A		physicians		Description	Delete	\$500.0	
1	Tallahassee, FL 32308							
3/3/2020	VanLandingham, Hugh West Millers Bridge Rd Tallahassee, FL 32312	ı I	physician	СН		Add	\$500.0	
2								
1 1								
1 1								
j j								
J I								
1								
1 1								
1 1								

) Name Alex S	3/1/2020 3/ / / / through	31/2020	2) I.D. Numbei 1) Page <u>1</u>	-	598 0
(5) Date (6) Sequence Number	(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)	(11)
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