	CAMPAIGN TREASURER'S REPORT SUMMARY							
(1)	Carolyn D Cummings	OFFICE USE ONLY						
Ta	Name	ONLINE SUBMISSION						
(2)	462 West Brevard Street	Submitted on:						
	Address (number and street)	4/15/2020 14:57:33 (eastern)						
	Tallahassee, FL 32301							
	City, State, Zip Code							
	Check here if address has changed	(3) ID Number: 605						
(4)	Check appropriate box(es):							
		ommission - At Large, Group 1						
	☐ Political Committee (PC)☐ Electioneering Communications Org. (ECO)	☐ Check here if PC or ECO has disbanded						
		☐ Check here if PTY has disbanded						
	☐ Independent Expenditure (IE) (also covers an	☐ Check here if no other IE or EC reports will be filed						
	individual making electioneering communications)							
	(5) Report	Identifiers						
Cov	ver Period: From 3 / 1 / 2020 To							
		ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
	•	Monetary						
Casl	h & Checks \$, , 0 . <u>00</u>	Expenditures \$, , 0 . 00						
1 221	s 0.00	T						
LUai	Loans \$, , 0 . 00 Transfers to Office Account \$							
Tota	al Monetary \$, , 0 . 00	Office Account \$, , , 0 . 00						
TULA	, , , ,	Total Monetary \$, , 0 . 00						
In-Ki	ind \$, , 0.00	, , , ,						
HEN	, , , , , , , , , , , , , , , , , , ,	(8) Other Distributions						
		\$,,000						
		· · · · · · · · · · · · · · · · · · ·						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$, <u>13</u> , <u>100</u> . <u>00</u>	\$,, <u>819</u> . <u>42</u>						
	(44) Cor	(ref = 4) = ==						
	(11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)							
١c	certify that I have examined this report and it is true, corre							
	outling that there examined this report and it is tide, confect, and complete.							
	ype name)	(Type name)						
	Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)						
	1							
<u>X</u>		X						
Si	ignature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	lyn D Cui	mmings	(2) I.D. Number						150	
	3/1/2020)		3/31/	2020					
(3) Cover Period		I	through	1	1	(4) Page	1	_ of	1	

(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	C _i Type	ontributor	Contribution Type	In-kind Description	Amendment	Amount
3/10/2020	C. Terrell Cummings, MD, PLLC, 425 East Lamar Boulevard Arlington, TX 76011		doctor's office	СН		Delete	\$250.0
3/10/2020	C. Terrell Cummings, MD, PLLC, 425 East Lamar Boulevard Arlington, TX 76011	В	doctor's office	СН		Add	\$250.0
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1 1							

1) Name Caroly	AMPAIGN TREASURER'S In D Cummings 3/1/2020 3/	(2	2) I.D. Number		605
3) Cover Period _	/through	/	4) Page <u>1</u>	of _	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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