

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Grant Conyers

Name

(2) 11815 NW SUMMERS ROAD

Address (number and street)

BRISTOL, FL 32321

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: 162

(4) Check appropriate box(es):

☒ Candidate Office Sought: Supervisor of Elections

☐ 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

OFFICE USE ONLY  
ONLINE SUBMISSION  
[1239436]

Submitted on:  
11/16/2020 15:16:42 (eastern)

### (5) Report Identifiers

Cover Period: From 10 / 30 / 2020 To 2 / 1 / 2021 Report Type: TRG

☐ Original

☒ Amendment

☐ Special Election Report

### (6) Contributions This Report

Cash & Checks \$        ,        , 25 . 08

Loans \$        ,        , 0 . 00

Total Monetary \$        ,        , 25 . 08

In-Kind \$        ,        , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures \$        ,        , 172 . 50

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 172 . 50

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        , 3 , 425 . 08

### (10) TOTAL Monetary Expenditures To Date

\$        , 3 , 430 . 08

### (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 Grant Conyers (2) I.D. Number 162  
10/30/2020 2/1/2021  
 (3) Cover Period      /      /      through      /      /      (4) Page 1 of 1

| (5)<br>Date       | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Contributor<br>Type Occupation |     | (9)<br>Contribution<br>Type | (10)<br>In-kind<br>Description | (11)<br>Amendment | (12)<br>Amount |
|-------------------|------------------------------------------------------------------------------------------------|---------------------------------------|-----|-----------------------------|--------------------------------|-------------------|----------------|
| 10/30/2020<br>/ / | Conyers, Grant<br>Candidate to T<br>11815 nw summers rd<br>Bristol, FL 32321                   | I                                     | soe | CA                          |                                | Add               | \$25.08        |
| 1                 |                                                                                                |                                       |     |                             |                                |                   |                |
| / /               |                                                                                                |                                       |     |                             |                                |                   |                |
|                   |                                                                                                |                                       |     |                             |                                |                   |                |
| / /               |                                                                                                |                                       |     |                             |                                |                   |                |
|                   |                                                                                                |                                       |     |                             |                                |                   |                |
| / /               |                                                                                                |                                       |     |                             |                                |                   |                |
|                   |                                                                                                |                                       |     |                             |                                |                   |                |
| / /               |                                                                                                |                                       |     |                             |                                |                   |                |
|                   |                                                                                                |                                       |     |                             |                                |                   |                |
| / /               |                                                                                                |                                       |     |                             |                                |                   |                |
|                   |                                                                                                |                                       |     |                             |                                |                   |                |
| / /               |                                                                                                |                                       |     |                             |                                |                   |                |
|                   |                                                                                                |                                       |     |                             |                                |                   |                |

# CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Grant Conyers (2) I.D. Number 162  
 (3) Cover Period 10/30/2020 through 2/1/2021 (4) Page 1 of 1

| (5)<br>Date       | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Purpose<br>(add office sought if<br>contribution to a<br>candidate) | (9)<br>Expenditure<br>Type | (10)<br>Amendment | (11)<br>Amount |
|-------------------|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------|-------------------|----------------|
| 11/16/2020<br>/ / | Journal, SOE Liberty<br>11627 NW Summers<br>Bristol, Fl 32321                                  | ad                                                                         | MO                         | Add               | \$172.50       |
| 1                 |                                                                                                |                                                                            |                            |                   |                |
| / /               |                                                                                                |                                                                            |                            |                   |                |
| / /               |                                                                                                |                                                                            |                            |                   |                |
| / /               |                                                                                                |                                                                            |                            |                   |                |
| / /               |                                                                                                |                                                                            |                            |                   |                |
| / /               |                                                                                                |                                                                            |                            |                   |                |
| / /               |                                                                                                |                                                                            |                            |                   |                |
| / /               |                                                                                                |                                                                            |                            |                   |                |
| / /               |                                                                                                |                                                                            |                            |                   |                |