	CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Archie Sumner	OFFICE USE ONLY								
	Name	ONLINE SUBMISSION [1203497]								
(2)		Submitted on:								
	Address (number and street)	4/6/2020 20:38:19 (eastern)								
	City, State, Zip Code									
	_	(2) ID Nissahari 102								
- 45	Check here if address has changed	(3) ID Number:183								
(4)	Check appropriate box(es):									
	<ul><li></li></ul>	aiser								
		☐ Check here if PC or ECO has disbanded								
		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: <u>M3</u>								
X O	Priginal Amendment Spe	ecial Election Report								
(6)	(6) Contributions This Report (7) Expenditures This Report									
		Monetary								
Cash	h & Checks \$ ,1 , <u>500</u> . <u>00</u>	Expenditures \$ , , 4 . 80								
•	<b>c</b> 0.00									
Loar	ns \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$								
Tota	Il Monetary \$ , 1 , 500 . 00	Office Account \$ , , , 0 . 00								
TULA	,,,,	Total Monetary \$ , , 4 . 80								
In-Ki	ind \$ , , 0.00	,,								
HEIN	, , ,	(8) Other Distributions								
		\$,								
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
	\$, <u>1</u> , <u>500</u> . <u>00</u>	\$ , , <u>4</u> . <u>80</u>								
	(11) Cert	ification								
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:										
(T	ype name)	(Type name)								
-	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)								
	electioneering comm.)									
X		X								
	gnature	Signature								

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name	Archie Sumner		(2) I.D. Number						
	3/1/2020	3/31/2020							
(3) Cover Peri	od//	through	11	(4) Pag	је	of			
1004. WE				· ·					
(5)	(7)	(8)	(9)	(10)	(11)	(12)			
Date	Full Name								
(6)	(Last, Suffix, First, Middle)								
Sequence	Street Address &	Contributor	Contribution	In-kind					
Number	City, State, Zip Code	Type Occupation		Description	Amendment	Amount			
3/30/2020	Sumner, Archie	I gis	CA			\$1,500.0			
1 1	19408 NE Old Blue Creek Rd Hosford, Fl 32334	coordina	ato						
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## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name _	Archie	Sumne	r	The state of the s	10.000000000000000000000000000000000000	10 99 10	-91	(2) I.D. Nun	nber		183	and an analysis of the same an
		3/1/20	20		3/31/20	20						
(3) Cover P	eriod	1	1	through	1	1		(4) Page	1	of	1	

(5) Date  (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a			
1,4111.001		candidate)	Expenditure Type	Amendment	Amount
	Sumner, Archie 19408 NE Old Blue Creek Rd Hosford, Fl 32334	petition fee	МО		\$4.80
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