

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Samuel Anderson &#34;Andy&#34; Reasoner

Name

(2) 7711 Westmoreland Dr

Address (number and street)

Sarasota, FL 34243

City, State, Zip Code

Check here if address has changed

(3) ID Number: 1892

(4) Check appropriate box(es):

Candidate Office Sought: CEDAR HAMMOCK FIRE DIST SEAT 1

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**  
[1243020]

Submitted on:  
2/1/2021 17:33:59 (eastern)

### (5) Report Identifiers

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

Original

Amendment

Special Election Report

### (6) Contributions This Report

Cash & Checks \$        ,        , 0 . 00

Loans \$        ,        , 0 . 00

Total Monetary \$        ,        , 0 . 00

In-Kind \$        ,        , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures \$        , 1 , 802 . 22

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        , 1 , 802 . 22

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        , 3 , 250 . 00

### (10) TOTAL Monetary Expenditures To Date

\$        , 5 , 052 . 68

### (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 Samuel Anderson &#34;Andy&#34; Reasoner (2) I.D. Number 1892

10/30/2020 through 2/1/2021

(3) Cover Period \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ through \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (4) Page 1 of 0

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

(1) Name Samuel Anderson &#34;Andy&#34; Reasoner

(2) I.D. Number 1892

(3) Cover Period 10/30/2020 through 2/1/2021

(4) Page 1 of 1

(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					
1/15/2021 / /	Reasoner, Samuel Anderson. ***Protected Voter***	partial repayment of loan	DI		\$1,802.22
1					
1/15/2021 / /	Reasoner, Samuel Anderson. ***Protected Voter***	partial repayment of loan	MO		\$1,802.22
2					
/ /					
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