

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Doug Smith

Name

(2) P.O. Box 153

Address (number and street)

Jensen Beach, FL 3495

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: 219

OFFICE USE ONLY

ONLINE SUBMISSION

[1230180]

Submitted on:

9/10/2020 14:38:06 (eastern)

(4) Check appropriate box(es):

☒ Candidate Office Sought: County Commissioner, District 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

(5) Report Identifiers

Cover Period: From 8 / 22 / 2020 To 9 / 4 / 2020 Report Type: G2

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 500 . 00

Loans \$, , 0 . 00

Total Monetary \$, , 500 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 0 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 0 . 00

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 96 , 855 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 55 , 235 . 15

(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 Doug Smith (2) I.D. Number 219
 8/22/2020 9/4/2020
 (3) Cover Period ____ / ____ / ____ through ____ / ____ / ____ (4) Page 1 of 1

(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
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
8/25/2020 / /	Ayres, Frederic M 615 Howard Creek Ln Stuart, FL 34994	I	restaurate ur	CH			\$500.00
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/ /							
/ /							
/ /							
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/ /							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Doug Smith

(2) I.D. Number 219

(3) Cover Period 8/22/2020 through 9/4/2020

(4) Page 1 of 0

(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
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