	CAMPAIGN TREASURE	R'S REPORT SUMMARY						
(1)	Doug Smith	OFFICE USE ONLY						
	Name	ONLINE SUBMISSION						
(2)	P.O. Box 153	Submitted on:						
	Address (number and street)	6/6/2020 13:33:54 (eastern)						
	Jensen Beach, FL 3495							
	City, State, Zip Code							
	Check here if address has changed	(3) ID Number:						
(4)	Check appropriate box(es):							
	☐ Candidate Office Sought: County Commission	sioner, District 1						
	Political Committee (PC)	□ 01 - d. beer 1/ 20 - 200 beer disheaded						
	☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐	☐ 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						
	individual making electioneering communications)	-						
	(5) Report	Identifiers						
Cove		5 / 31 / 2020 Report Type: M5						
		ecial Election Report						
		<u> </u>						
(6)	Contributions This Report	(7) Expenditures This Report						
	f 50 00	Monetary Expanditures Company Compa						
Cash	h & Checks \$, , _50 . 00	Expenditures \$, , 0 . 00						
Loar	ns \$, , 0.00	Transfers to						
Luai	,,,	Office Account \$, , 0 . 00						
Tota	I Monetary \$, , 50 . 00	, , , , ,						
Total Monetary \$		Total Monetary \$, 0 . 00						
In-Ki	ind \$, , 0.00	, , , , , , , , , , , , , , , , , , , ,						
11111	,,,	(8) Other Distributions						
		\$,,000_						
(0)	TOTAL M							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$, <u>44</u> , <u>805</u> . <u>00</u>	\$, <u>12</u> , <u>977</u> . <u>64</u>						
	(11) Cert	tification						
	It is a first degree misdemeanor for any person							
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)						
х		v						
	gnature	X Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name			(2) I.D. Number						
	5/1/2020			/31/2020					
(3) Cover Perio	od//	thro	ough	11	(4) Page	<u> </u>	of		
			,			*			
(5)	(7)		(8)	(9)	(10)	(11)	(12)		
Date	Full Name								
(6)	(Last, Suffix, First, Middle)	_							
Sequence	Street Address &	5.810	ontributor	Contribution	In-kind	Assessment			
Number	City, State, Zip Code Muniz, Keith	Type I	Occupation	Type CH	Description	Amendment	Amount \$50.0		
5/19/2020	2949 SW Newberry Ct			CH			\$50.0		
1 1	Palm City, FL 34990								
1									
1 1									
1 1	-								
I I									
1 1									
1 1									
1 1									
1 1									

DS-DE 13 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name <u>Doug</u>	Smith 5/1/2020 5/		EXPENDIT 2) I.D. Number		219
(3) Cover Period _	5/1/2020 5/ /through	_//(4	4) Page1	of	0
(5) Date	(7) Full Name	(8) Purpose (add office sought if	(9)	(10)	(11)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	contribution to a candidate)	Expenditure Type	Amendment	Amount
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