	CAMPAIGN TREASURE	R'S REPORT SUMMARY									
(1)	Sybrina Denise Fulton	OFFICE USE ONLY									
	Name	ONLINE SUBMISSION									
(2)	16190 NW 27th Ave	Submitted on:									
	Address (number and street) Miami, FL 33054	3/30/2020 04:22:39 (eastern)									
	City, State, Zip Code	<del></del>									
	Check here if address has changed	(3) ID Number: 2255									
(4)	Check appropriate box(es):										
(-)	Check appropriate box(es):    Candidate Office Sought:   County Commission District 01     Political Committee (PC)   Check here if PC or ECO has disbanded     Party Executive Committee (PTY)   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									
		12 / 31 / 2019 Report Type: 19M12									
	riginal Amendment Spe	ecial Election Report									
(6)	Contributions This Report	(7) Expenditures This Report									
Casł	n & Checks \$ , , 000	Monetary									
Loar	s , , , ,	Transfers to Office Account \$ , , 0 . 00									
Tota	I Monetary \$ , , 0 . 00	Total Monetary \$ , , 0 . 00									
In-Ki	nd \$,, <u>0</u> . <u>00</u>										
		(8) Other Distributions \$ , , 000_									
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date									
	\$, <u>128</u> , <u>239</u> . <u>92</u>	\$, <u>117</u> , <u>385</u> . <u>54</u>									
<u>(T</u>	(11) Cert It is a first degree misdemeanor for any pers certify that I have examined this report and it is true, corr  gpe name) Individual (only for IE	, , ,									
X		x									
Si	gnature	Signature									

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

(1) Name	Name Sybrina Denise Fulton					(2) I.D. Number					
	12/1/2019			12/31	/2019						
(3) Cover Perio	nd /	1	through	1	1	(4) Page	1	of <sup>1</sup>	1		

(5) Date	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
12/5/2019	M , Adnan 4620 S Land Park Dr Sacramento, CA 958221640	Î		CH		Delete	\$20.2
12/5/2019	Beteha, Adnan M 4620 S Land Park Dr Sacramento, CA 958221640	I		СН		Add	\$20.2
12/5/2019	Smith , T Rochester Rochester, NY 14613	I		СН		Delete	\$5.0
12/5/2019	Smith , Tas 632 Rochester Rochester, NY 14613	I		СН		Add	\$5.0
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## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name _	Sybrina	Denis	e Ful	ton			(	2) I.D. Nun	nber	2	2255	
		12/1/2	019		12/31/	2019		~				
(3) Cover Po	eriod	I	1	through	1	1	- (	4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
12/21/2019	Fulton , Sybrina 16121 NW 18th Ct Opa Locka, FL 330542151	cell phone reimbursement	МО	Delete	\$775.44
1 12/21/2019 / / 2	Fulton , Sybrina 16121 NW 18th Ct Opa Locka, FL 330542151	cell phone reimbursement	RM	Add	\$775.44
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