CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	Gepsie M. Metellus	OFFICE USE ONLY								
	Name	ONLINE SUBMISSION [1235397]								
(2)	515 NE 107th Street	Submitted on:								
	Address (number and street) Miami, FL 33161	10/20/2020 22:08:33 (eastern)								
	City, State, Zip Code									
	☐ Check here if address has changed	(3) ID Number: 2339								
(4)	Check appropriate box(es):									
	Candidate Office Sought: County Commission District 03 ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ 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								
Cov	er Period: From 9 / 12 / 2020 To									
	Priginal Amendment Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Casl	h & Checks \$, ,500. 00	Monetary								
Loar		Transfers to Office Account \$, , , 0 . 00								
Tota	I Monetary \$, ,500. 00	Total Monetary \$, , 0 . 00								
In-Ki	ind \$,,, <u>0</u> .00									
		(8) Other Distributions \$, , 000_								
(9)	TOTAL Monetary Contributions To Date \$	(10) TOTAL Monetary Expenditures To Date \$, _236_ , _65259_								
(T	(11) Cert It is a first degree misdemeanor for any pers certify that I have examined this report and it is true, corr ype name) Individual (only for IE Treasurer Deputy Treasurer electioneering comm.)	, , ,								
X		X								
Si	gnature	Signature								

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Gepsie M. Metellus (2) I.D. Number 2339							
	9/12/2020		9	/25/2020			
(3) Cover Peri	od / /	thre	ough	<i>I I</i>	(4) Pag	je <u>1</u>	of
				Y .			
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &		ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре		Туре	Description	Amendment	Amount
9/22/2020	GREER, EVELYN 5900 sw 97 st	I	attorney	CH		Delete	\$500.0
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Name Gepsie	9/12/2020 9,	(2 /25/2020	(2) I.D. Number				
Cover Period _	//through	//	4) Page <u>1</u>	of	0		
(5) Date (6) Sequence Number	(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)	(11)		
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