

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Joy Spragens

Name

(2) 7426 Fisher Island Drive

Address (number and street)

Miami Beach, FL 33109

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: 2384

(4) Check appropriate box(es):

☒ Candidate Office Sought: Community Council Area/Subarea 16/161-C

☐ 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

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ONLINE SUBMISSION
[1211532]

Submitted on:
6/18/2020 14:29:52 (eastern)

(5) Report Identifiers

Cover Period: From 6 / 1 / 2020 To 9 / 7 / 2020 Report Type: 20TQC

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 100 . 00

Loans \$, , 0 . 00

Total Monetary \$, , 100 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 100 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 100 . 00

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, , 100 . 00

(10) TOTAL Monetary Expenditures To Date

\$, , 100 . 00

(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 Joy Spragens (2) I.D. Number 2384

6/1/2020

9/7/2020

(3) Cover Period ____ / ____ / ____ through ____ / ____ / ____ (4) Page 1 of 1

[illegible]

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Joy Spragens

(2) I.D. Number 2384

(3) Cover Period 6/1/2020 through 9/7/2020

(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
6/18/2020 / /	miamidade county, 2700 NW 87th Ave miami, FL 33172	qualifying fee	MO		\$100.00
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