	CAMPAIGN TREASURE	R'S REPORT SUMMARY						
(1)	Craig Cates	OFFICE USE ONLY						
	Name	ONLINE SUBMISSION						
(2)	2719 Staples Ave	Submitted on:						
	Address (number and street)	7/30/2020 15:41:23 (eastern)						
	Key West, FL 33040							
	City, State, Zip Code	(2) 12.11						
	Check here if address has changed	(3) ID Number: 477						
(4)	Check appropriate box(es):							
	☐ Candidate Office Sought: County Commissioner, Dist. 1							
	☐ Political Committee (PC)☐ Electioneering Communications Org. (ECO)	☐ 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	er Period: From 7 / 18 / 2020 To							
X O		ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
"Seo do		Monetary						
Casl	h & Checks \$, , <u>250</u> . <u>00</u>	Expenditures \$, , 0 . 00						
Loar	ns \$,, <u>0</u> .00	Transfers to						
	250 00	Office Account \$, , , 0 . 00						
Tota	al Monetary \$,, <u>250</u> . <u>00</u>	Total Monetary \$. 0 . 00						
	• • 0 00	Total Monetary \$, , 0 . 00						
In-Ki	ind \$,,, <u>0</u> . <u>00</u>							
		(8) Other Distributions						
-		\$,, <u>0</u> . <u>00</u>						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$	\$						
	(11) Cert It is a first degree misdemeanor for any perso							
1		• • • • • • •						
10	I certify that I have examined this report and it is true, correct, and complete:							
_(T	ype name)	(Type name)						
	Individual (only for IE Treasurer Deputy Treasurer electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)						
Х		×						
	ignature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name <u>Craig Cates</u>			(2) I.D. Number						
	7/18/2020			/24/2020					
(3) Cover Perio	od//	thro			(4) Page	1	of		
10065 998			1900						
(5)	(7)		(8)	(9)	(10)	(11)	(12)		
Date	Full Name								
(6)	(Last, Suffix, First, Middle)								
Sequence	Street Address &		ontributor	Contribution	In-kind	A	•		
Number	City, State, Zip Code	Туре		Туре	Description	Amendment	Amount		
7/23/2020	Newman, Robert J 615 Fleming Street	I	retired	CH			\$250.0		
J 1	Key West, FL 33040								
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DS-DE 13 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

1) Name Craig			2) I.D. Numbei		477
3) Cover Period _	7/18/2020 7/2 / / through		1) 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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