CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	Sam Steele	OFFICE USE ONLY								
	Name	ONLINE SUBMISSION								
(2)	3208 Flagler Ave	Submitted on:								
	Address (number and street)	9/13/2019 14:35:55 (eastern)								
	Key West, FL 33040									
	City, State, Zip Code	(2) ID North are 405								
(4)	Check here if address has changed	(3) ID Number: 485								
(4)	Check appropriate box(es):									
	(5) Report	dentifiers								
Cov	er Period: From <u>8</u> / <u>1</u> / <u>2019</u> To									
	riginal Amendment Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Casl	h & Checks \$ , , 0 . 00	Monetary								
Loar		Transfers to Office Account \$ , , , 0 . 00								
Tota	I Monetary \$ , , , 000	Total Monetary \$ ,1 ,612 . 50								
In-K	ind \$,,,000									
		(8) Other Distributions \$ , , 000								
(9)	<b>TOTAL Monetary Contributions To Date</b> \$ ,16 ,05524_	(10) TOTAL Monetary Expenditures To Date \$ , 4 , _66555								
(T	(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    Deputy Treasurer									
_X		<u>X</u>								
Si	gnature	Signature								

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Sam Steele				2) I.D. Numbe	r4	85
	8/1/2019		8	/31/2019			
(3) Cover Perio	od / /	thro	ough	<i>I I</i>	(4) Page	a <u>1</u>	of
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)	_		_			
Sequence Number	Street Address &		ontributor	Contribution	In-kind	Amendment	A
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
1 1							
1							
1 1							
*							
1 1							
1							
J I							
					2 2		
1 1							
1 1							
F I							

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

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

(1) Name _S	Sam	Stee	le							_ (	2) I.D. Nur	nber	4	485	
		8/	1/20	19			8/31/	2019	9		7	-			
(3) Cover Pe	erioc	i	1	1	th	rough	1		1	(	4) Page	1	of	1	

(5) Date	(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
8/28/2019	US 1 Graphics, P 0 Box 522444 Marathon Shores, FL 33052	red printed tee shirts	MO	Add	\$1,612.50
1	Marachon Shores, Fil 33032			-	
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DS-DE 14 (Rev					