

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Delsa E. Amundson  
 Name

(2) 5110 SW 164 Terrace  
 Address (number and street)

Southwest Ranches, FL 33331  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1222847]

Submitted on:  
 8/4/2020 14:43:02 (eastern)

Check here if address has changed

(3) ID Number: 7

(4) Check appropriate box(es):

- Candidate    Office Sought: District 3 Council Member
- Political Committee (PC)
- Electioneering Communications Org. (ECO)     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

Cover Period: From 7 / 1 / 2020 To 7 / 31 / 2020 Report Type: M7

Original     Amendment     Special Election Report

### (6) Contributions This Report

Cash & Checks    \$        ,   1   , 000 . 00

Loans    \$        ,        ,   0 . 00

Total Monetary    \$        ,   1   , 000 . 00

In-Kind    \$        ,        ,   0 . 00

### (7) Expenditures This Report

Monetary Expenditures    \$        ,        ,   0 . 00

Transfers to Office Account    \$        ,        ,   0 . 00

Total Monetary    \$        ,        ,   0 . 00

### (8) Other Distributions

\$        ,        ,   0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        ,   1   , 600 . 00

### (10) TOTAL Monetary Expenditures To Date

\$        ,        ,  235 . 50

### (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 EXPENDITURES**

(1) Name Delsa E. Amundson

(2) I.D. Number 7

(3) Cover Period 7/1/2020 through 7/31/2020

(4) Page 1 of 0

(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) Sequence Number					
// /					
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