

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Tim Lucas Adams
 Name

(2) 2404 Monte Carlo Tr
 Address (number and street)
Orlando, FL 32854
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1241452]

Submitted on:
 1/11/2021 09:44:51 (eastern)

Check here if address has changed (3) ID Number: 206

(4) Check appropriate box(es):

Candidate Office Sought: Sheriff

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 10 / 30 / 2020 To 2 / 1 / 2021 Report Type: TRG

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 0 . 00

Loans \$, , 0 . 00

Total Monetary \$, , 0 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 77 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 77 . 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 Tim Lucas Adams (2) I.D. Number 206
 (3) Cover Period 10/30/2020 through 2/1/2021 (4) Page 1 of 0

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Tim Lucas Adams

(2) I.D. Number 206

(3) Cover Period 10/30/2020 through 2/1/2021

(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) Sequence Number					
12/31/1969 / /	,			Delete	\$0.00
1					
1/11/2021 / /	ADAMS, Tim L 2404 Monte Carlo Trail P. O. Box 547581 Orlando, FL 32854	reimburse transportation expenses	MO	Add	\$77.00
2					
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