CAMPAIGN TREASURER'S REPORT SUMMARY							
(1)	Wayne K. Liebnitzky	OFFICE USE ONLY					
	Name	ONLINE SUBMISSION					
(2)	3225 Cord Avenue	Submitted on:					
	Address (number and street) St. Cloud, FL 34772	3/1/2020 13:33:15 (eastern)					
	City, State, Zip Code						
	☐ Check here if address has changed	(3) ID Number: 364					
(4)	Check appropriate box(es):						
	 ☐ Candidate Office Sought: County Commissioner District 5 ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications) ☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed 						
	(5) Report	dentifiers					
Cov	er Period: From <u>2</u> / <u>1</u> / <u>2020</u> To						
X O	riginal Amendment Spe	ecial Election Report					
(6)	Contributions This Report	(7) Expenditures This Report					
Casl	n & Checks \$, , <u>550</u> . <u>00</u>	Monetary					
Loar		Transfers to Office Account \$, , , 0 . 00					
Tota	I Monetary \$, , <u>550</u> . <u>00</u>	Total Manadami, C					
In-Ki	ind \$,, <u>0</u> . <u>00</u>	Total Monetary \$, , 2 . 60					
		(8) Other Distributions \$, , 000_					
(9)	(9) TOTAL Monetary Contributions To Date \$\\ \begin{array}{cccccccccccccccccccccccccccccccccccc						
(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 or electioneering comm.) (Type name) Candidate Chairperson (only for PC and PTY)						
X		X					
Si	gnature	Signature					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Wayne K. Liebnitzky				•	(2) I.D. Number						
	2/	1/202	0		2/29/	2020					
(3) Cover Peri	od	1	1	through	1	1	(4) Page	1	of	1	

(5) Date	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	Street Address & City, State, Zip Code	C Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
2/19/2020 / /	Snyder, Barbara 2946 Canoe Circle St Cloud, FL 34772	Ī	retired	CA			\$25.0
2/23/2020	Wells, Jamie 9040 Mercury Drive St Cloud, FL 34773	I		CA			\$25.0
2/29/2020 / /	Lennon, Tom 31 Highland Rd Somerset, NJ 08873	I	hospital administra tor	CH			\$500.0
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _V	Nayne K. Liebnitzky		(2) I.D. Number	364	
	2/1/2020	2/29/2020			
(3) Cover Po	eriod / /	through / /	(4) Page 1	of 1	

(5)	(7)	(8)	(9)	(10)	(11)
Date (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
2/19/2020	Anedot, 1920 McKinney Ave Dallas, TX 75201	fundraise	МО		\$1.30
1					
2/23/2020	Anedot, 1920 McKinney Ave Dallas, TX 75201	fundraise	MO		\$1.30
2					
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11					
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DS-DE 14 (Rev.	44/42 \				