CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Caneste Succe	OFFICE USE ONLY						
Name	ONLINE SUBMISSION [1207377]						
(2) 1310 South Federal Highway	Submitted on:						
Address (number and street)	5/12/2020 16:23:06 (eastern)						
Lake Worth, FL 33460 City, State, Zip Code	—						
Check here if address has changed	(3) ID Number: 515						
_	(3) ID Number: 515						
 (4) Check appropriate box(es): X Candidate Office Sought: County Commission 	aionor Digt 7						
Candidate Office Sought: <u>County Commis</u>	stoner, Dist. /						
	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 <u>4</u> / <u>1</u> / <u>2020</u> To	4 / <u>30</u> / <u>2020</u> Report Type: <u>M4</u>						
□ Original	ecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
	Monetary						
Cash & Checks \$, , , 0 . 00	Expenditures \$, , 0 . 00						
¢ 0.00							
Loans \$,, <u>0</u> .00	Transfers to Office Account \$						
Total Monetary \$, , 0.00	Office Account \$,, 0 . 00						
	Total Monetary \$, , 0 . 00						
In-Kind \$, , 0 00	, <u> </u>						
	(8) Other Distributions						
	\$,,000						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$,, <u>100</u> 00_	\$, , _ 0 00						
· , , <u> </u>	· , , ·						
	tification						
	son 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)	(Type name)						
Individual (only for IE Treasurer Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)						
X	<u>X</u>						
Signature	Signature						

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Caneste Succe	(2) I.D. Number					
	4/1/2020	4/30/2020					
(3) Cover Perio	od/ /	thro	- bugh	1 1	(4) Pag	e ¹	of ⁰
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(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &	Co	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Canes	CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (1) Name <u>Caneste Succe</u> (2) I.D. Number <u>515</u>							
(3) Cover Period	4/1/2020 /_/through	4/30/2020 //	(4) Page <u>1</u>	of_	0			
(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Purpose (add office sought if	(9)	(10)	(11)			
(6) Sequence Number	Street Address & City, State, Zip Code	contribution to a candidate)	Expenditure Type	Amendment	Amount			
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES