CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Caneste Succe	OFFICE USE ONLY						
Name	ONLINE SUBMISSION						
(2) 1310 South Federal Highway	Submitted on:						
Address (number and street) Lake Worth, FL 33460	5/12/2020 16:23:50 (eastern)						
City, State, Zip Code	—						
Check here if address has changed	(3) ID Number: 515						
(4) Check appropriate box(es):							
Candidate Office Sought: County Commis	sioner, Dist. 7						
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 <u>5</u> / <u>1</u> / <u>2020</u> To	5/ 31/ 2020 Report Type:M5						
Criginal Amendment Sp	ecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
	Monetary						
Cash & Checks \$,, <u>300</u> . <u>00</u>	Expenditures \$,, 0 00						
Loans \$, , 0.00	Transfers to						
	Office Account \$,,0.00						
Total Monetary \$,, <u>300</u> .00							
	Total Monetary \$, , , 0 . 00						
In-Kind \$,, 00							
	(8) Other Distributions						
	\$,, <u>0</u> . <u>00</u>						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$,, <u>400</u> . <u>00</u>	\$,,000_						
(4) 2							
(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)	(Type name)						
☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)						
v	v						
X Signature	X Signature						
	- Signaturo						

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Caneste Succe	(2) I.D. Number					515
	5/1/2020	5/31/2020					
(3) Cover Perio	od/ /	thro			(4) Pag	le ¹	of ¹
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(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name		()	~ /		(N 10 10	
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &	C	ontributor	Contribution	In-kind		
Number	City, State, Zip Code		Occupation	Туре	Description	Amendment	Amount
	Alcime, claudius		chiropract			Add	\$300.0
5/12/2020	231 s federal hwy		ic		were in the office		
	Lake Worth, FL 33460				the office and they contribute d together		
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (1) Name <u>Caneste Succe</u> (2) I.D. Number <u>515</u>								
	5/1/2020 // through	5/31/2020	(4) Page <u>1</u>		0			
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle) Street Address &	(8) Purpose (add office sought if contribution to a	(9) Expenditure	(10)	(11)			
Sequence Number	City, State, Zip Code	candidate)	Туре	Amendment	Amount			
//								
11								

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES