	CAMPAIGN TREASURE	R'S REPORT SUMMARY						
(1)	Seth Weightman	OFFICE USE ONLY						
` '	Name	ONLINE SUBMISSION [1216434]						
(2)	PO Box 2646	Submitted on:						
	Address (number and street)	7/14/2020 13:14:02 (eastern)						
	Dade City, FL 33526							
	City, State, Zip Code	(2) 17 11 1						
	Check here if address has changed	(3) ID Number:1277						
(4)	Check appropriate box(es):							
	Candidate Office Sought: Mosquito Cont	rol, Seat 1						
	☐ 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	Check here if no other IE or EC reports will be filed						
	individual making electioneering communications)							
	(5) Report	Identifiers						
Cove	er Period: From 6 / 13 / 2020 To	6 / 26 / 2020 Report Type: P2						
□ 0		ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
(-)	осилизмено ино порег	Monetary						
Cast	n & Checks \$, , 0 . 00	Expenditures \$, , 78 . 29						
J uo.	,, ,, ,							
Loar	ns \$,,,000	Transfers to						
		Office Account \$, , , 0 . 00						
Tota	I Monetary \$,,							
		Total Monetary \$, , 78 . 29						
In-Ki	nd \$,, <u>0</u> .00							
		(8) Other Distributions						
		\$, , <u>0</u> . <u>00</u>						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$, 15 , 850 . 00	\$, , 269. 27						
		tification on 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:								
_(T	ype name)	_(Type name)						
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)						
X		×						
	gnature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Seth Weightman	(2) I.D. Number								
(3) Cover Perio	6/13/2020 od///	thro	ough	/26/2020 //	(4) Pag	je <u>1</u>	of			
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)			
Sequence Number	Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount			
J I					·					
1 1										
1 1										
I I										
I I										
J I										
J J										
1 1										

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _S	Seth	Weight	:ma	n		111-1111		 (2) I.D. Nun	nber		1277	
		6/13	/20	020		6/26/	2020					
(3) Cover Pe	eriod	1		1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(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
6/26/2020	SunTrust, 11704 US Highway 301 Dade City, FL 33525	checks	МО	Add	\$78.29
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DS-DE 14 (Rev.	L		,	<u> </u>	