

# CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Fredd &#34;Glossie&#34; Atkins  
Name  
(2) 1679 35th St  
Address (number and street)  
Sarasota, FL 34234  
City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
[1277710]  
Submitted on:  
8/19/2022 16:17:49 (eastern)

Check here if address has changed

(3) ID Number: 1003

(4) Check appropriate box(es):

- Candidate Office Sought: County Commissioner, Dist. 2  
 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 6 / 18 / 2022 To 7 / 1 / 2022 Report Type: P2

Original  Amendment  Special Election Report

## (6) Contributions This Report

Cash & Checks \$        ,        , 18 . 00  
Loans \$        ,        , 0 . 00  
Total Monetary \$        ,        , 18 . 00  
In-Kind \$        ,        , 0 . 00

## (7) Expenditures This Report

Monetary Expenditures \$        ,        , 1 . 01  
Transfers to Office Account \$        ,        , 0 . 00  
Total Monetary \$        ,        , 1 . 01

## (8) Other Distributions

\$        ,        , 0 . 00

## (9) TOTAL Monetary Contributions To Date

\$        , 23 , 921 . 68

## (10) TOTAL Monetary Expenditures To Date

\$        , 17 , 339 . 36

## (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 Fredd &#34;Glossie&#34; Atkins (2) I.D. Number 1003

6/18/2022 through 7/1/2022

(3) Cover Period \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ through \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (4) Page 1 of 1

| (5)<br>Date      | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Contributor<br>Type Occupation |  | (9)<br>Contribution<br>Type | (10)<br>In-kind<br>Description | (11)<br>Amendment | (12)<br>Amount |
|------------------|--|---------------------------------------|--|-----------------------------|--------------------------------|-------------------|----------------|
| 6/21/2022<br>/ / | Williams, Robin<br>36 NE Cove Rd<br>Great Barrington, MA 01230                                 | I                                     |  | CH                          |                                | Add               | \$18.00        |
| 1                |  |                                       |  |                             |                                |                   |                |
| / /              |  |                                       |  |                             |                                |                   |                |
| / /              |  |                                       |  |                             |                                |                   |                |
| / /              |  |                                       |  |                             |                                |                   |                |
| / /              |  |                                       |  |                             |                                |                   |                |
| / /              |  |                                       |  |                             |                                |                   |                |
| / /              |  |                                       |  |                             |                                |                   |                |
| / /              |  |                                       |  |                             |                                |                   |                |
| / /              |  |                                       |  |                             |                                |                   |                |
| / /              |  |                                       |  |                             |                                |                   |                |

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Fredd &#34;Glossie&#34; Atkins

(2) I.D. Number 1003

(3) Cover Period 6/18/2022 through 7/1/2022

(4) Page 1 of 1

| (5)<br>Date               | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Purpose<br>(add office sought if<br>contribution to a<br>candidate) | (9)<br>Expenditure<br>Type | (10)<br>Amendment | (11)<br>Amount |
|---------------------------|--|--|----------------------------|-------------------|----------------|
| (6)<br>Sequence<br>Number |  |  |                            |                   |                |
| 6/21/2022<br>//           | Pay Pal,<br>2211 N First St<br>San Jose, CA 95131  | pay pal fee  | MO                         | Add               | \$1.01         |
| 1                         |  |  |                            |                   |                |
| //                        |  |  |                            |                   |                |
| //                        |  |  |                            |                   |                |
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