

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Reginald B. Sessions  
 Name  
 (2) 1304 N 22nd St  
 Address (number and street)  
Fort Pierce, FL 34950  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1215016]

Submitted on:  
 7/3/2020 17:28:09 (eastern)

Check here if address has changed (3) ID Number: 493

(4) Check appropriate box(es):

Candidate Office Sought: City of Fort Pierce Commission, District 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 individual making electioneering communications)  Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 6 / 13 / 2020 To 6 / 26 / 2020 Report Type: P2

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$      ,   1   , 000 . 00

Loans \$      ,      ,   0   . 00

Total Monetary \$      ,   1   , 000 . 00

In-Kind \$      ,      ,   0   . 00

**(7) Expenditures This Report**

Monetary Expenditures \$      ,      ,   0   . 00

Transfers to Office Account \$      ,      ,   0   . 00

Total Monetary \$      ,      ,   0   . 00

**(8) Other Distributions**  
 \$      ,      ,   0   . 00

**(9) TOTAL Monetary Contributions To Date**  
 \$      ,   1   , 500 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$      ,      ,  360   . 70

### (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 Reginald B. Sessions (2) I.D. Number 493

(3) Cover Period 6/13/2020 through 6/26/2020 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number							
6/23/2020 / /	WASHINGTON , LATRENA B 3145 ILLUSION CIRCLE FORT PIERCE, FL 34950	I	hospital administra tion	CH			\$500.00
1							
6/26/2020 / /	LLOYD, JOHNNIE B PO BOX 23612 TAMPA, FL 33623	B	stock broker	CH			\$500.00
2							
/ /							
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/ /							
/ /							
/ /							
/ /							
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Reginald B. Sessions

(2) I.D. Number 493

(3) Cover Period 6/13/2020 through 6/26/2020

(4) Page 1 of 0

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
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