

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) AL BUTLER  
 Name

(2) 923 ADAMS LANE  
 Address (number and street)

THE VILLAGES, FL 32162  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1235572]

Submitted on:  
 10/22/2020 09:49:39 (eastern)

Check here if address has changed (3) ID Number: 306

(4) Check appropriate box(es):

Candidate Office Sought: County Commissioner, Dist. 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 8 / 14 / 2020 To 11 / 16 / 2020 Report Type: TRP

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$        ,        , 0 . 00

Loans \$        ,        , 0 . 00

Total Monetary \$        ,        , 0 . 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**  
 \$        , 79 , 071 . 82

**(10) TOTAL Monetary Expenditures To Date**  
 \$        , 79 , 071 . 82

### (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 AL BUTLER (2) I.D. Number 306

(3) Cover Period 8/14/2020 through 11/16/2020 (4) Page 1 of 0

(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
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name AL BUTLER

(2) I.D. Number 306

(3) Cover Period 8/14/2020 through 11/16/2020

(4) Page 1 of 1

(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					
9/22/2020 / /	SUMTER COUNTY 4H, 7620 SR 471 SUITE A BUSHNELL, FL 33513	benefit 4h, all in one, a 501(c)(3)	DI		\$1,000.00
1					
9/22/2020 / /	SUMTER FAIR ASSN., 7620 SR 471 SUITE A BUSHNELL, FL 33513	benefit the sumter county fair assn. a 501 (c)(3)	DI		\$936.69
2					
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