

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Aaron Delgado
 Name

(2) 227 Seabreeze Blvd.
 Address (number and street)

Daytona Beach, FL 32118
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1220855]

Submitted on:
 7/29/2020 10:17:31 (eastern)

Check here if address has changed (3) ID Number: 612

(4) Check appropriate box(es):

Candidate Office Sought: Daytona Beach Commissioner Zone 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 / 1 / 2020 To 6 / 12 / 2020 Report Type: P1

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 \$, , 2 . 90

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 2 . 90

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

(9) TOTAL Monetary Contributions To Date
 \$, 28 , 250 . 00

(10) TOTAL Monetary Expenditures To Date
 \$, 10 , 536 . 47

(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 Aaron Delgado (2) I.D. Number 612

6/1/2020 through 6/12/2020

(3) Cover Period _____ / _____ / _____ through _____ / _____ / _____ (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 Aaron Delgado

(2) I.D. Number 612

(3) Cover Period 6/1/2020 through 6/12/2020

(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					
6/5/2020 / /	Supervisor of Elections, 1750 S. Woodland Blvd. Deland, FL 32720	qualifying fees	MO	Add	\$2.60
1					
6/5/2020 / /	Supervisor of Elections, 1750 S. Woodland Blvd. Deland, FL 32720	qualifying fees	MO	Add	\$0.30
2					
/ /					
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