

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Ken Smith  
 Name  
 (2) 109 S. Washington St.  
 Address (number and street)  
Ormond Beach, FL 32174  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1239456]

Submitted on:  
 11/16/2020 15:53:11 (eastern)

Check here if address has changed (3) ID Number: 613

(4) Check appropriate box(es):

Candidate Office Sought: Ormond Beach Commission Zone 2

Political Committee (PC)  Check here if PC or ECO has disbanded

Electioneering Communications Org. (ECO)  Check here if PTY has disbanded

Party Executive Committee (PTY)  Check here if no other IE or EC reports will be filed

Independent Expenditure (IE) (also covers an individual making electioneering communications)

### (5) Report Identifiers

Cover Period: From 10 / 3 / 2020 To 10 / 16 / 2020 Report Type: G5

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 \$        ,        , 110 . 00

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 110 . 00

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

**(9) TOTAL Monetary Contributions To Date**  
 \$        , 7 , 973 . 97

**(10) TOTAL Monetary Expenditures To Date**  
 \$        , 7 , 150 . 37

### (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 Ken Smith (2) I.D. Number 613

(3) Cover Period 10/3/2020 through 10/16/2020 (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 Ken Smith

(2) I.D. Number 613

(3) Cover Period 10/3/2020 through 10/16/2020

(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					
10/4/2020 //	Smith, Janice 109 S Washington St Ormond Beach, FL 32174	stamps - in-kind	MO	Add	\$110.00
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