

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Steven Cushman
 Name

(2) 233 Clark Dr.
 Address (number and street)

Panacea, FL 32346
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1151429]

Submitted on:
 3/28/2018 14:02:33 (eastern)

Check here if address has changed

(3) ID Number: 25

(4) Check appropriate box(es):

- Candidate Office Sought: County Commissioner District 4
- 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 10 / 31 / 2014 To 2 / 2 / 2015 Report Type: TRG

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 \$, , 107 . 59

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 107 . 59

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 1 , 985 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 1 , 985 . 00

(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 Steven Cushman (2) I.D. Number 25
 (3) Cover Period 10/31/2014 through 2/2/2015 (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 Steven Cushman

(2) I.D. Number 25

(3) Cover Period 10/31/2014 through 2/2/2015

(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					
2/2/2015 //	Cushman, Steven D 233 Clark Drive Panacea, FL 32346	reimbursement	RM	Add	\$107.59
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