

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Sandy Johnson
 Name
 (2) 2411 NE 31 Ct
 Address (number and street)
Lighthouse Pt FL 33064
 City/State, Zip Code

OFFICE USE ONLY
Received <u>Sandy</u>
JAN 21 2020 8:50AM
Lighthouse Point
City Clerk's Office

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

(4) Check appropriate box(es):

Candidate Office Sought: City commission, Seats 5

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

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

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 11/11/2020 To 11/31/2020 Report Type: M1
 Original Amendment Special Election Report

(6) Contributions This Report		(7) Expenditures This Report	
Cash & Checks	\$ <u> , , . 0</u>	Monetary Expenditures	\$ <u> , , . 68.00</u>
Loans	\$ <u> , , . 0</u>	Transfers to Office Account	\$ <u> , , . </u>
Total Monetary	\$ <u> , , . 0</u>	Total Monetary	\$ <u> , , . 68.00</u>
In-Kind	\$ <u> , , . 0</u>	(8) Other Distributions	
		\$ <u> , , . 32.00</u>	
(9) TOTAL Monetary Contributions To Date	\$ <u> , , . 100.00</u>	(10) TOTAL Monetary Expenditures To Date	\$ <u> , , . 100.00</u>

(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:

<p>(Type name) <u>Sandy Johnson</u></p> <p><input type="checkbox"/> Individual (only for IE) <input checked="" type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer or electioneering comm.)</p> <p><u>X</u> <u>Sandy Johnson</u></p> <p>Signature</p>	<p>(Type name) <u>Sandy Johnson</u></p> <p><input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC and PTY)</p> <p><u>X</u> <u>Sandy Johnson</u></p> <p>Signature</p>
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Received

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

TAN 9.1 2020

(1) Name Sandy Johnson

(2) I.D. Number _____

(3) Cover Period 1/1/20 through 1/31/20(4) Page 1 Lighthouse Point
City Clerk's Office

(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
1/1	City of Lighthouse Point 2200 NE 38th St Lighthouse Pt, FL 33064	Filing fee	CAN		50.00
1/21	City of Lighthouse Pt 2200 NE 38 St Lighthouse Pt, FL 33064	Filing Fee	CAN		18.00
1/31	SANDY Johnson 2411 NE 31 Ct, Lighthouse Pt, FL 33064	Loan Repayment	DIS		32.00
1/1					
1/1					
1/1					
1/1					
1/1					