

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) JOSEPH SANSONE

Name

(2) 400 NW 24TH STREET

Address (number and street)

WILTON MANORS, FL 33311

City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

OFFICE USE ONLY

(4) Check appropriate box(es):

Candidate Office Sought: CITY COMMISSIONER

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 07 / 01 / 2020 To 07 / 31 / 2020 Report Type: 2020 M7

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, 1, 700 . 00

Loans \$ _____, _____, _____ . _____

Total Monetary \$ _____, _____, _____ . _____

In-Kind \$ _____, 1, 700 . 00

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 54 . 90

Transfers to Office Account \$ _____, _____, _____ . _____

Total Monetary \$ _____, _____, 54 . 90

(8) Other Distributions

\$ _____, _____, _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____, 1, 700 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 54 . 90

(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) JASON BLANK

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X
Signature

(Type name) JOSEPH SANSONE

Candidate Chairperson (only for PC and PTY)

X
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name _____ (2) I.D. Number _____

(3) Cover Period ____ / ____ / ____ through ____ / ____ / ____ (4) Page ____ of ____

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation				
/ /							
/ /							
/ /							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _____

(2) I.D. Number _____

(3) Cover Period ____/____/____ through ____/____/____

(4) Page _____ of _____

(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
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