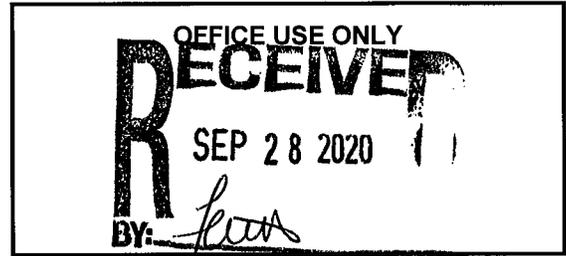


CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Jason Basilico Campaign
 Name _____
 (2) 2015 NE 3rd ter
 Address (number and street) _____
Wilton Manors FL 33305
 City, State, Zip Code _____



Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):
 Candidate Office Sought: Commissioner
 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 09 / 05 / 2020 To 09 / 18 / 2020 Report Type: G-3

Original Amendment Special Election Report

(6) **Contributions This Report**

Cash & Checks \$ _____ , _____ , 30 . 00
 Loans \$ _____ , _____ , _____ . _____
 Total Monetary \$ _____ , _____ , 30 . 00
 In-Kind \$ _____ , _____ , _____ . _____

(7) **Expenditures This Report**

Monetary Expenditures \$ _____ , _____ , 59 . 19
 Transfers to Office Account \$ _____ , _____ , _____ . _____
 Total Monetary \$ _____ , _____ , 59 . 19

(8) **Other Distributions**
 \$ _____ , _____ , _____ . _____

(9) **TOTAL Monetary Contributions To Date**
 \$ _____ , _____ , 9 , 512 . 00

(10) **TOTAL Monetary Expenditures To Date**
 \$ _____ , _____ , 2 , 667 . 84

(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:

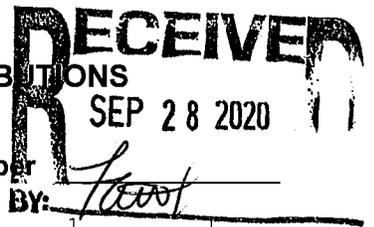
(Type name) Jason Basilico
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X *[Signature]*
 Signature

(Type name) Jason Basilico
 Candidate Chairperson (only for PC and PTY)

X *[Signature]*
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS



(1) Name Jason Basilico Campagin

(2) I.D. Number _____

(3) Cover Period 09 / 05 / 2020 through 09 / 18 / 2020

(4) Page 1 of 1

(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
(6) Sequence Number		Type	Occupation	Type	Description		Amount
09 / 06 / 2020 1-1 G-3	Dominick Concepcion 1753 NW 36th Court Oakland Park, FL 33309	I	Accountant	CHE			25.00
09 / 17 / 2020 1-2 G-3	Alan George 450 NE 5th Street Unit 335 Fort Lauderdale , FL 33301	I	Accountant	CHE			5.00
/ /							
/ /							
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/ /							
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