

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Scott Newton
 Name

(2) [REDACTED]
 Address (number and street)

Wilton Manors, FL
 City, State, Zip Code

OFFICE USE ONLY

APR 13 '20 AM 8:26
Pstades

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Mayor
- 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 3/1/20 To 3/31/20 Report Type: M3

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, 200.00

Loans \$ _____

Total Monetary \$ _____

In-Kind \$ _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, 0

Transfers to Office Account \$ _____

Total Monetary \$ _____, 0

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ _____, 200.00

(10) TOTAL Monetary Expenditures To Date

\$ _____, 0

(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) Scott Newton

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

X [Signature]
 Signature

(Type name) Scott Newton

Candidate Chairperson (only for PC and PTY)

X [Signature]
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Scott Newton (2) I.D. Number APR 13'20 AMB:26

(3) Cover Period 3 / 1 / 20 through 3 / 31 / 20 (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
3 / 9 / 20	Scott Newton 1825 NE 27 Dr Wilton Manors FL 33306	I	Business Owner	Che			200.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES APR 13 '20 AM 8:26

(1) Name Scott Newton

(2) I.D. Number _____

(3) Cover Period 3/1/20 through 3/31/20

(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					
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///		NA			
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