

### CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Sandra Davey  
Name

(2) 4160 NW 45th Terr  
Address (number and street)

Lauderdale Lakes, FL 33319  
City, State, Zip Code

Check here if address has changed



(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate Office Sought: Commissioner, Seat 4

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

CITY CLERK

#### (5) Report Identifiers

Cover Period: From 12 1 01 2019 To 12 31 1 2019 Report Type: M12 P4

Original

Amendment

Special Election Report

#### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_, \_\_\_\_\_, 100.00

Loans \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ 0

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, 100.00

In-Kind \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ 0

#### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ 0

Transfers to Office Account \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ 0

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ 0

#### (8) Other Distributions

\$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ 0

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

Sandra Davey  
Signature

(Type name) Sandra Davey  
 Candidate  Chairperson (only for PC and PTY)

Sandra Davey  
Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Sandra Davey (2) I.D. Number \_\_\_\_\_

(3) Cover Period 12 10 19 through 12 31 19 (4) Page 1 of 1

(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				
12 12 19	Sylvia Granberry 11321 SW 20th St. Miramar, FL 33025	I	Teacher	CK			100.00
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1 1							
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Sandra Davey

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 12, 01, 19 through 12, 31, 19

(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					
/ /	None				
/ /					
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