

CAMPAIGN TREASURER'S REPORT SUMMARY

Stacy Rush

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MAR 10 2020
OFFICE OF THE CITY CLERK

(2) Name 659 Jacaranda St.
Address (number and street) Dunedin, FL 34698
City, State, Zip Code

(3) ID Number: 117190222

(4) Check appropriate box(es):
 Candidate Office Sought: Dunedin Commission Seat 1
 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 02/01/2020 To 02/29/2020 Report Type: M2-20
 Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 015.00
 Loans \$ _____, 1,000.00
 Total Monetary \$ _____, _____, _____
 In-Kind \$ _____, _____, _____

(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
 \$ _____, _____, 125.00

(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) Lori Carollo
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer
Lori Carollo
 X _____
 Signature

(Type name) Stacy Rush
 Candidate Chairperson (only for PC and PTY)
Stacy Rush
 X _____
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Stacy Kush (2) I.D. Number 117196222
 (3) Cover Period 02/01/2020 through 02/29/2020 (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
2/12/2020	Redia T. McGrath Michael McGrath 843 Harbor Is Clearwater Beach, FL 33761	Citizen	Business owner	check			25.00
1							
2/14/2020	Debra Ann Adkins 2650 State Rd 580 Lot 425 Clearwater, FL 33761	Citizen	Nurse	check			50.00
2							
2/26/2020	Stacy Kush 659 Jacaranda St. Hensenon, FL 34698	Candidate	OT assistant	loan			1000.00
3							
/ /							
/ /							
/ /							
/ /							
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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
(6) Sequence Number					
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