

CAMPAIGN TREASURER'S REPORT SUMMARY

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2020 OCT -5 AM 11:21

(1) HONEY MINUISE
Name

(2) 1905 ROBALO DRIVE
Address (number and street)

VERO BEACH, FL 32960
City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: VERO BEACH CITY COUNCIL MEMBER
- 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 10/1/2020 To 10/2/2020 Report Type: GI

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ 0 . _____

Loans \$ _____ 0 . _____

Total Monetary \$ _____ 0 . _____

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

\$ _____ \$10,299 . _____

(10) TOTAL Monetary Expenditures To Date

\$ _____ \$2,105 . 65

(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) Honey Minuse

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

Honey Minuse
Signature

(Type name) HONEY MINUISE

Candidate Chairperson (only for PC and PTY)

Honey Minuse
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name HONEY M NIKE (2) I.D. Number _____

(3) Cover Period 10/1/2020 through 10/2/2020 (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
1/1	NONE				
1/1					
1/1					
1/1					
1/1					
1/1					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name HONEY M MUSE (2) I.D. Number _____

(3) Cover Period 10/1/2020 through 10/31/2020 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind	(11)	(12)
		Type	Occupation	Type	Description	Amendment	Amount
/ /	NONE						
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							