

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) William "Bill" Busch
Name

(2) 6761 NW 20TH ST., Margate, FL 33063
Address (number and street)

Margate, FL 33063
City, State, Zip Code

Check here if address has changed



(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: MARGATE CITY COMMISSION 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

(5) Report Identifiers

Cover Period: From 05 / 01 /2020 To 05 / 31 /2020 Report Type: 2020-M5

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 \$ _____ , _____ , 20 . 00

Transfers to Office Account \$ _____ , _____ , 0 . _____

Total Monetary \$ _____ , _____ , 20 . 00

(8) Other Distributions

\$ _____ , _____ , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 1 , 100 . 09

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 150 . 30

(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) William Busch

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

X [Signature]

Signature

(Type name) William "Bill" Busch

Candidate Chairperson (only for PC and PTY)

X [Signature]

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

MARGATE

(1) Name William "Bill" Busch

(2) I.D. Number _____

(3) Cover Period 05 / 01 / 2020 through 05 / 31 / 2020

(4) Page 1 of 1

JUN 09 2020
QUALIFYING OFFICES

(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
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name William "Bill" Busch

(2) I.D. Number _____

(3) Cover Period 05 / 01 / 2020 through 05 / 31 / 2020

(4) Page 1 of 19

MARGATE
JUN 09
QUALIFYING OFFICER

(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					
05 / 15 / 2020	City National Bank 9750 W Atlantic Blvd Coral Springs, FL 33071	Monthly Service Fee	CAN		\$20.00
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