

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

OFFICE USE ONLY
SEP 05 2020

MARGATE
QUALIFYING OFFICES

(3) ID Number:

(4) Check appropriate box(es):

Candidate Office Sought: _____

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 08 / 01 / 2020 To 08 / 31 / 2020 Report Type: 2020-M8

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 \$, , 96 . 98

Transfers to Office Account \$, , 0 .

Total Monetary \$, , 96 . 98

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 1 , 100 . 09

(10) TOTAL Monetary Expenditures To Date

\$, , 800 . 60

(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

Signature

(Type name) **William "Bill" Busch**

Candidate Chairperson (only for PC and PTY)

Signature

MARGATE

CAMPAIN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name William "Bill" Busch

(2) I.D. Number SEP 05 2020

(3) Cover Period 08 / 01 / 2020 **through** 08 / 31 / 2020

(4) Page 1 of 1 S/JS

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

MARGATE

(1) Name William "Bill" Busch

(2) I.D. Number _____

(3) Cover Period 08 / 01 / 2020 through 08 / 31 / 2020 **(4) Page** SEP 05 2020 of 4

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
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QUALIFYING OFFICES