

May 11, 2020

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Ryle C Gibson
Name

(2) P.O. Box 590581
Address (number and street)

MT. LEBANON RI 03359
City, State, Zip Code

RECEIVED
OFFICE USE ONLY

MAY 11 2020

BY: [Signature]

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: city comm Dist #3
- 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 4 / 1 / 20 To 4 / 30 / 20 Report Type: m-c

- Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 60.00

Loans \$ _____, _____, _____

Total Monetary \$ _____, _____, _____

In-Kind \$ _____, _____, _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 30.00

Transfers to Office Account \$ _____, _____, _____

Total Monetary \$ _____, _____, 30.30

(8) Other Distributions

\$ _____, _____, _____

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, 586.60

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 533.78

(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) Ryle C Gibson

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

X [Signature]

Signature

(Type name) Ryle C Gibson

Candidate Chairperson (only for PC and PTY)

X [Signature]

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Ryle C Gibson

(2) I.D. Number _____

(3) Cover Period 4/1/20 through 4/30/20

(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	US Post office 1900 Winkler PK Rd Ft. Lauderdale 33310	Stamps			32.00
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					

CAMPAIGN TREASURER'S REPORT – FUND TRANSFERS

(1) Name Ryle C Gibson

(2) I.D. Number _____

(3) Cover Period 4, 1, 20 through 4, 30, 20

(4) Page _____ of _____

(5) Date	(7) Name of Financial Institution Street Address & City, State, Zip Code	(8) Transfer Type	(9) Nature of Account	(10) Amendment	(11) Amount
(6) Sequence Number					
/ /			3000		3000
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