

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Ryle C Gibson  
Name

(2) PO Box 590581  
Address (number and street)

FT. Lauderdale FL 33359  
City, State, Zip Code

Check here if address has changed

**OFFICE USE ONLY  
CITY CLERK**

AUG 12 2020

BY: [Signature]

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate Office Sought: FT. Lauderdale City Comm # 2

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 07 / 01 / 2020 To 07 / \_\_\_ / 2020 Report Type: M-7

Original

Amendment

Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_ , \_\_\_\_\_ , 202.00

Loans \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . 0

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . 0

In-Kind \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . 0

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_ , \_\_\_\_\_ , 176.29

Transfers to Office Account \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ .

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , 176.29

### (8) Other Distributions

\$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . 0

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ , 1 , 649.78

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 770.07

### (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** Ryle C. Gibson  
Signature

(Type name) Ryle C. Gibson

Candidate  Chairperson (only for PC and PTY)

**X** Ryle C. Gibson  
Signature

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Kyle C. Gibson (2) I.D. Number \_\_\_\_\_  
 (3) Cover Period 07/01/2020 through 07/ / 2020 (4) Page 1 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
07/06/20	Publix Supermarket 201 SW 2nd St Ft. Lauderdale	Snacks & Drinks for Volunteers	CHE		21.52
7/6/20	US Post office 1900 W Oakland Pk Blvd Ft. Lauderdale 33310	Postage	CHE		53.00
7/7/20	McDonalds 300 E Sunrise Blvd Ft. Lauderdale	Food for Volunteers	CHE		8.45
7/7/20	Speedway 621 W Broward Blvd Ft. Lauderdale FL 33312	Gas	CHE		30.00
7/8/20	Walgreens 1 W Sunrise Blvd Ft. Lauderdale FL 33311	Drinks pens compost staples, Paper	CHE		63.32
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name Ryle C. Gibson (2) I.D. Number \_\_\_\_\_

(3) Cover Period 07 / 01 / 2020 through 07 / 31 / 2020 (4) Page 1 of 2

(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		
7, 6, 20	Miteneh Bridget 312 Spruce St Boonville MO 65233	CAS	Pastor	I			20.20
7, 6, 20	Brook - maldon manikin 8585 Dannermen Bluff Trail Tallahassee FL 32312	CAS	Education specialist	I			20.20
7, 6, 20	Gibson Tamara 837 NW 1st Ave Ft. Lauderdale 33311	CAS	Nurse	I			20.20
7, 6, 20	Gibson Joan 837 NW 1st Ave Ft. Lauderdale FL 33311	CAS	Retired	I			20.20
7, 6, 20	Gibson Gease 1019 E Paul Ruskell Tallahassee FL 32301 33311	CAS	Retired	I			20.20
7, 6, 20	Gibson Blordina 1019 E Paul Ruskell Tallahassee FL 32301	CAS	Retired	I			20.20
7, 6, 20	Cooper Stephen PO Box 28956 Atlanta GA 30328 Raele 27611 NC	CAS	construction	I			20.20

**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name Ryle C Gibson (2) I.D. Number \_\_\_\_\_

(3) Cover Period 7 / 1 / 20 through 7 / 31 / 20 (4) Page 2 of 2

(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	Amendment	Amount
7, 6, 20	McFadden Robert Plant city Fl	CAS	CAS	I			20.20
7, 6, 20	McFadden Emory plant city Fl.	CAS		I			20.20
7, 6, 20	McFadden Hallie Tampa Fl.	CAS		I			20.20
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