

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Joel Paige
 Name
 (2) 827 E 12th Ave
 Address (number and street)
NSP FL 32169
 City, State, Zip Code

OFFICE USE ONLY
RECEIVED
OFFICE OF THE CITY CLERK
 DATE 7-26-18

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: MAYOR
- 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 / 07 / 18 To 07 / 20 / 18 Report Type: P3

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 100.00

Loans \$ _____ , _____ , 0

Total Monetary \$ _____ , _____ , 100.00

In-Kind \$ _____ , _____ , 142.50

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 243.18

Transfers to Office Account \$ _____ , _____ , _____

Total Monetary \$ _____ , _____ , 243.18

(8) Other Distributions

\$ _____ , _____ , _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 1,850.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 1,2809.97

(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) Joel Paige

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

X

Signature [Signature]

(Type name) Joel Paige

Candidate Chairperson (only for PC and PTY)

X

Signature [Signature]

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Joel Paige

(2) I.D. Number _____

(3) Cover Period 7/7/18 through 7/20/18

(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
(6) Sequence Number					
7/9/18	Yellow Dog Eat Cand ST NSB	Gift Card	Campaign		20.00
(1)					
7/12/18	State of Florida	Campaign financ	Campaign		223.00
(2)					
7/22/18	PAIGE PASSER 821 Elizabeth Ave NSB FL	Campaign office	in kind		\$142.50
(3)					
1/1					
1/1					
1/1					
1/1					
1/1					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Joel Paige (2) I.D. Number _____

(3) Cover Period 7 / 7 / 18 through 7 / 20 / 18 (4) Page 1 of 1

(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, 10, 18 ①	Drew Driesen Brooklyn, NY	EE 1	Teacher	Cash			\$ 50.00
7, 10, 18 ②	Mark Meyer FL Lauderdale FL	EE 1		Cash			\$ 10.00
7, 16, 18 ③	Rob Booker WSB FL	EE 1		Cash			\$ 40.00
7, 20, 18 ④	Passara Paige	1	Business owner		Campaign office		142.50
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/ /							
/ /							
/ /							