

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Randolph Hall  
 Name  
 (2) 4339 Rainer Road  
 Address (number and street)  
Jacksonville, FL 32210  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1172089]

Submitted on:  
 9/10/2018 04:53:22 (eastern)

Check here if address has changed

(3) ID Number: 785

(4) Check appropriate box(es):

- Candidate Office Sought: City Council District 10
- Political Committee (PC)
- Electioneering Communications Org. (ECO)  Check here if PC or ECO has disbanded
- Party Executive Committee (PTY)  Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications)  Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 8 / 1 / 2018 To 8 / 31 / 2018 Report Type: M8

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$        ,        , 250 . 00

Loans \$        ,        , 0 . 00

Total Monetary \$        ,        , 250 . 00

In-Kind \$        ,        , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures \$        ,        , 0 . 00

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 0 . 00

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        ,        , 250 . 00

### (10) TOTAL Monetary Expenditures To Date

\$        ,        , 0 . 00

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

X \_\_\_\_\_  
 Signature

(Type name) \_\_\_\_\_  
 Candidate  Chairperson (only for PC and PTY)

X \_\_\_\_\_  
 Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Randolph Hall (2) I.D. Number 785

8/1/2018 through 8/31/2018

(3) Cover Period \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ through \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (4) Page 1 of 1

| (5)<br>Date      | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Contributor<br>Type Occupation |                | (9)<br>Contribution<br>Type | (10)<br>In-kind<br>Description                 | (11)<br>Amendment | (12)<br>Amount |
|------------------|--|---------------------------------------|----------------|-----------------------------|--|-------------------|----------------|
| 8/21/2018<br>/ / | Sikes, Buddy<br>625 Monroe West<br>Jacksonville, FL 32202                                      | I                                     | auto<br>repair | CH                          | startup<br>funds for<br>marketing<br>material. |                   | \$250.00       |
| 1                |  |                                       |                |                             |  |                   |                |
| / /              |  |                                       |                |                             |  |                   |                |
| / /              |  |                                       |                |                             |  |                   |                |
| / /              |  |                                       |                |                             |  |                   |                |
| / /              |  |                                       |                |                             |  |                   |                |
| / /              |  |                                       |                |                             |  |                   |                |
| / /              |  |                                       |                |                             |  |                   |                |
| / /              |  |                                       |                |                             |  |                   |                |
| / /              |  |                                       |                |                             |  |                   |                |

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

(1) Name Randolph Hall

(2) I.D. Number 785

(3) Cover Period 8/1/2018 through 8/31/2018

(4) Page 1 of 0

| (5)<br>Date               | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Purpose<br>(add office sought if<br>contribution to a<br>candidate) | (9)<br>Expenditure<br>Type | (10)<br>Amendment | (11)<br>Amount |
|---------------------------|--|--|----------------------------|-------------------|----------------|
| (6)<br>Sequence<br>Number |  |  |                            |                   |                |
| // /                      |  |  |                            |                   |                |
|                           |  |  |                            |                   |                |
| // /                      |  |  |                            |                   |                |
|                           |  |  |                            |                   |                |
| // /                      |  |  |                            |                   |                |
|                           |  |  |                            |                   |                |
| // /                      |  |  |                            |                   |                |
|                           |  |  |                            |                   |                |
| // /                      |  |  |                            |                   |                |
|                           |  |  |                            |                   |                |
| // /                      |  |  |                            |                   |                |
|                           |  |  |                            |                   |                |