CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	Rose Conry	OFFICE USE ONLY								
	Name	ONLINE SUBMISSION								
(2)	https://roseconry.com; 9771 Woodrose I	ane								
	Address (number and street)	Submitted on: 2/7/2019 13:16:13 (eastern)								
	Jacksonville, FL 32257									
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number:787								
(4)	(4) Check appropriate box(es):									
	 ☐ Candidate Office Sought: City Council District 6 ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications) ☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed 									
(5) Report Identifiers										
Cove	er Period: From 1 / 1 / 2019 To	1 / 11 / 2019 Report Type: F1								
По		ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Casl	n & Checks \$,1 , <u>450</u> . <u>00</u>	Monetary								
Loar	s , , , , 000	Transfers to Office Account \$, , 0 . 00								
Tota	I Monetary \$,1 , 450 . 00	Total Monetary \$, , 0 . 00								
In-Ki	nd \$, , 0.00									
		(8) Other Distributions \$, , 000								
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
	\$, <u>123</u> , <u>155</u> . <u>00</u>	\$, <u>23</u> , <u>530</u> . <u>49</u>								
(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:										
	ype name) Individual (only for IE Treasurer Deputy Treasurer electioneering comm.)	(Type name) ☐ Candidate ☐ Chairperson (only for PC and PTY)								
Х		X								
	gnature	Signature								

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	se Conry			(2) I.D. Number					
	1/1/2019)		1/11/	2019				
(3) Cover Period	1	1	through	7	1	(4) Page	1	of	1

(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9)	(10) In-kind Description	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code			Contribution Type			
1/4/2019	BRADDOCK, GRADY 344 BROWARD RD JACKSONVILLE, FL 32218	Ĩ	retired	СН		Add	\$500.0
1/4/2019	HARRIS GUIDI ROSNEF PA, 1837 HENDRICKS AVE JACKSONVILLE, FL 32207	R B	attorney	СН		Add	\$150.0
1/10/2019	CREWS, CHARLES 11385 BEECHER CIRCLE W JACKSONVILLE, FL 32223	I	retired	СН		Add	\$300.0
1/10/2019	HASSAN, ABRAHAM 7493 PLANTATION CLUB DR JACKSONVILLE, FL 32244	I	restaurant owner	: CH		Add	\$500.0
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (1) Name Rose Conry (2) I.D. Number 787										
(3) Cover Period	1/1/2019 1/ /through	/11/2019 _//(4	l) Page <u>1</u>	of	0					
(5) Date (6) Sequence Number	(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)	(11) Amount					
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