CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Michael Boylan	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION							
(2)	1829 Melrose Plantation Dr.	Submitted on:							
	Address (number and street)	11/12/2018 09:15:38 (eastern)							
	Jacksonville, FL 32223								
	City, State, Zip Code	(2) 17 1							
	Check here if address has changed	(3) ID Number:796							
(4)	Check appropriate box(es):								
	<ul><li></li></ul>	District 6							
	☐ 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							
	marvioual making discillations (communications)								
	(5) Report	Identifiers							
Cove	er Period: From $10$ / $1$ / $2018$ To	10 / 31 / 2018 Report Type: M10							
X O	riginal Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Casl	n & Checks \$,1, _87500	Monetary							
Loar	s , , , ,	Transfers to Office Account \$ , , 0 . 00							
Tota	I Monetary \$ , 1 , 875 . 00								
		Total Monetary \$ , 1 ,504 . 50							
In-Ki	ind \$,, <u>0</u> . <u>00</u>								
		(8) Other Distributions \$ , , 000_							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
	\$, <u>65</u> , <u>650</u> . <u>00</u>	\$							
	(44) Com	Listing Alice							
		tification on to falsify a public record (ss. 839.13, F.S.)							
Ιc	I certify that I have examined this report and it is true, correct, and complete:								
/T	wno namo)	(Type name)							
	ype name) Individual (only for IE Treasurer Deputy Treasurer electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)							
X		X							
Si	gnature	Signature							

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

(1) Name	Michael Bovla	n	(2) I.D. Number							
	10/1/201	8		10/31	/2018					
(3) Cover Perio	od /	1	through	1	1	(A) Page	1	of	2	

(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &		ontributor	Contribution	In-kind	a Range Control of Con	•
Number	City, State, Zip Code	Туре		Туре	Description	Amendment	Amount
10/22/2018	Eisman & Russo, Inc., 6455 Powers Ave.	В	engineering g & planning				\$1,000.0
1	Jacksonville, FL 32217						
10/22/2018	Lincoln Dels Inc., 91 San Juan Drive Unit #2 Ponte Vedra Beach, FL 32082	В		СН			\$100.0
2							
10/22/2018	Hopkins, Anne 4600 Middleton Park Circle Jacksonville, FL 32224	I East	retired	СН			\$100.0
3							
10/21/2018	Goetz, Martin 12185 Dividing Oaks Trail F Jacksonville, Fl 32223	I Last	health administra tor	CH			\$100.0
4							
10/31/2018	Monsky, Joan 7015 Gaines Court Jacksonville, FL 32217	I	retired	СН			\$100.0
	Brown, Alison	I	retired	СН			\$250.0
10/31/2018	10 10th Street #64 Atlantic Beach, FL 32233	_	rectrea	CII			Ψ230.0
6							
10/31/2018	Edwards, Martin 9034 Bay Cove Lane Jacksonville, Fl 32257	I	retired	СН			\$100.0
7							
10/31/2018	Yergin, Leon 9901 Moorings Drive Jacksonville, FL 32257	I		СН			\$50.0
8							

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

(1) Name	Michael Boylan		(2) I.D. Number						
10/1/2018			10/31/2018						
(3) Cover Perio	od//	thro	ough	<i>I</i>	(4) Pag	je <u>2</u>	of		
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	Co	(8)	(9) Contribution	(10) In-kind	(11)	(12)		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount		
10/31/2018	Horn, Kenneth 2825 Beauclerc Road Jacksonville, Fl 32257	Î		СН			\$50.0		
9									
10/31/2018	Kaye, Deborah 11683 Sedgemoore Drive Jacksonville, FL 32223	I		СН			\$25.0		
10									
1 1									
j j									
1 1									
1 1									
1 1									

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

(1) Name _	Michael Boylan					(2) 1.1	(2) I.D. Number			796		
	1	0/1/2	018		10/31/	2018	~ ~ ~					
(3) Cover P	eriod	1	1	through	1	1	(4) P	age	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
10/23/2018	Piryx, Piryx 2nd Floor 995 Market St. San Francisco, CA 90143	credit card processing	МО		\$4.50
1				6	
10/9/2018	SLK Digital Solutions, PO BOX 551260 Jacksonville, FL 32255	marketing services	МО		\$1,500.00
//					
//					
//					
//					
//					
//					
DS-DE 14 (Rev.					