

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Connell A. Crooms  
Name

(2) 10100 Baymeadows Rd. # 716  
Address (number and street)

Jacksonville, FL 32256  
City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
[1182753]

Submitted on:  
1/18/2019 20:06:10 (eastern)

Check here if address has changed

(3) ID Number: 851

(4) Check appropriate box(es):

- Candidate Office Sought: City Council At Large Group 1
- 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 1 / 1 / 2019 To 1 / 11 / 2019 Report Type: F1

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$        ,        , 0 . 00

Loans \$        ,        , 0 . 00

Total Monetary \$        ,        , 0 . 00

In-Kind \$        ,        , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures \$        , 1 , 985 . 44

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        , 1 , 985 . 44

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        , 5 , 303 . 39

### (10) TOTAL Monetary Expenditures To Date

\$        , 2 , 033 . 57

### (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 Connell A. Crooms (2) I.D. Number 851

1/1/2019 through 1/11/2019

(3) Cover Period \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ through \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (4) Page 1 of 0

(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
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Connell A. Crooms

(2) I.D. Number 851

(3) Cover Period 1/1/2019 through 1/11/2019

(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					
1/9/2019 //	Duval County SOE, 105 E Monroe Street Jacksonville, FL 32202	city council-qualify ing fee	MO		\$1,985.44
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