CAMPAIGN TREASURER'S REPORT SUMMARY											
(1)	Scott Wilson	OFFICE USE ONLY									
` '	Name	ONLINE SUBMISSION									
(2)	221 North Hogan Street # 614	[1186021]									
	Address (number and street)	Submitted on:									
	Jacksonville, FL 32202	3/18/2019 13:56:24 (eastern)									
	City, State, Zip Code										
	Check here if address has changed	(3) ID Number: 900									
(4)	Check appropriate box(es):										
	<ul> <li>☐ Candidate Office Sought: City Council District 4</li> <li>☐ Political Committee (PC)</li> <li>☐ Electioneering Communications Org. (ECO)</li> <li>☐ Party Executive Committee (PTY)</li> <li>☐ Check here if PTY has disbanded</li> <li>☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)</li> </ul>										
	(5) Report	Identifiers									
Cove	er Period: From 3 / 2 / 2019 To										
o [	riginal Amendment Spe	ecial Election Report									
(6)	Contributions This Report	(7) Expenditures This Report									
Casl	n & Checks \$ ,5 , _00000	Monetary									
Loar	s , , , , 000	Transfers to Office Account \$ , , , 0 . 00									
Tota	I Monetary \$ , , , 00000	Total Monetary \$ ,5 , 000 . 00									
In-Ki	nd \$,,,000										
		(8) Other Distributions \$ , , 000									
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date									
	\$	\$, <u>52</u> , <u>200</u> . <u>97</u>									
_(T	(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  Treasurer Deputy Treasurer Candidate Chairperson (only for PC and PTY)										
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)									
X		X									
Si	gnature	Signature									

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Scott Wilson				2) I.D. Numbe	r9	000
	3/2/2019			/14/2019			
(3) Cover Perio	od///	thro			(4) Page	e	of <sup>1</sup>
1000 98							
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &		ontributor	Contribution	In-kind		
Number	City, State, Zip Code		Occupation	Туре	Description	Amendment	Amount
3/8/2019	Wilson, Scott		city	RE	<u> </u>	Add	\$-5,000.0
1 1	221 N Hogan St #614		councilmar	1			
	Jacksonville, FL 32202						
1							
1 1							
1 1							
<i>y</i> ,							
g 8							
1 1							
1 1							
1 1							
1 1							
-							
1 1							
y t							

DS-DE 13 (Rev. 11/13 ) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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

(1) Name _S	Scott Wilson						 (2) I.D. Number			900				
		3/2/2	01	9			3/14	4/20	19					
(3) Cover Pe	eriod	1		1	th	rough		1	1	(4) Page	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
3/8/2019	Wilson, Scott 221 N Hogan St #614 Jacksonville, FL 32202	refund of loan	МО	Delete	\$5,000.00
3/8/2019	Wilson, Scott 221 N Hogan St #614 Jacksonville, FL 32202	refund of loan	МО	Add	\$0.00
//					
//					
//					
//					
//					
//					
DS-DE 14 (Rev	44440 1				

## **CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS**

(1) Name Scott Wilson (2) I.D. Number 900

Cover Period 3/2/2019(4) Page <sup>1</sup> of <sup>1</sup> 3/14/2019 (3)through (5) **(7)** (10)(11)(8) (9)**Date Full Name Purpose** (Last, Suffix, First, Middle) (add office sought if (6)Street Address & contribution to a Related Sequence Number City, State, Zip Code candidate) **Expenditures Amendment** Amount 3/8/2019 Wilson, Scott refund of 2019-F7-6 Delete \$5,000.00 221 N Hogan St loan Jacksonville, FL 32202 1 3/8/2019 Wilson, Scott Add \$0.00 221 N Hogan St #614 Jacksonville, FL 32202 2