

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Bob Schultz
 Name

(2) 509 Pennsylvania Ave
 Address (number and street)

Lynn Haven, FL 32444
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1187262]

Submitted on:
 4/24/2019 13:18:33 (eastern)

Check here if address has changed

(3) ID Number: 454

(4) Check appropriate box(es):

- Candidate Office Sought: Lynn Haven Commissioner Seat 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 4 / 12 / 2019 To 7 / 15 / 2019 Report Type: MTR

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 \$, , 2 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 2 . 00

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 1 , 300 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 1 , 300 . 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 Bob Schultz (2) I.D. Number 454

(3) Cover Period 4/12/2019 through 7/15/2019 (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 Bob Schultz

(2) I.D. Number 454

(3) Cover Period 4/12/2019 through 7/15/2019

(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
4/12/2019 / / 1	Regions Bank, 2320 S Hwy 77 Lynn Haven, FL 32444	statement fee	MO		\$2.00
4/23/2019 / / 2	City of Lynn Haven, 825 Ohio Avenue Lynn Haven, FL 32444	hurricane michael relief fund	DI		\$72.82
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