	CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	Jason Lynn Stoltzfus	OFFICE USE ONLY									
	Name	ONLINE SUBMISSION									
(2)	4254 Flamingo Blvd	Submitted on:									
	Address (number and street)	6/25/2014 20:47:52 (eastern)									
	Port Charlotte, FL 33948  City, State, Zip Code	<del></del>									
	Check here if address has changed	(3) ID Number: 422									
(4)	_	(b) 15 Ivaniber									
(+)	Check appropriate box(es):  Candidate Office Sought: County Commissioner District 4  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 6 / 1 / 2014 To										
<u>X</u> 0	riginal Amendment Spe	ecial Election Report									
(6)	Contributions This Report	(7) Expenditures This Report									
Casl	n & Checks \$ , 3 , _70000	Monetary									
Loar		Transfers to Office Account \$ , , , 0 . 00									
Tota	I Monetary \$ ,3 ,00	Total Monetary \$ , 3 ,636 . 20									
In-Ki	ind \$,,,000										
		(8) Other Distributions \$ , , 000									
(9)	TOTAL Monetary Contributions To Date \$ , 3 ,70000	(10) TOTAL Monetary Expenditures To Date \$ , 3 , _63620									
(T	It is a first degree misdemeanor for any personal certify that I have examined this report and it is true, corresponding to the latest personal corresponding to the latest personal corresponding to the latest personal certification of the latest personal corresponding to the latest personal certification of the latest personal certification o	tification son to falsify a public record (ss. 839.13, F.S.) rect, and complete:  (Type name)  Candidate Chairperson (only for PC and PTY)									
	gnature	Signature									

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

(1) Name	Jason Ly	znn S	toltzfi	ıs		(2	) I.D. Number		422	b.
	6/1	./2014	1		6/20/	2014				
(3) Cover Peri	od	1	1	through	7	1	(A) Page	1	of	2

(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &	C	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре		Туре	Description	Amendment	Amount
6/17/2014	Johnston, David 200 Riveria CT Punta Gorda, FL 33950	Ī	budget analyst	СН			\$500.0
1							
6/17/2014	Helgemo Liou Pediatrics, P.A., 2040 Tamiami Trl Suite C Port Charlotte, FL 33948	В	pediatrici an	. CH			\$400.0
2							
6/17/2014	York, Kenneth Charlotte Chiropractic Clir 4065 Tamiami Trl Port Charlotte, FL 33952	B	chiropract or	CH			\$500.0
3							
6/19/2014	Bunte, Donna 5800 Sabal Trace Unit 130 North Port, FL 34287	I )4		СН			\$50.0
4							
6/19/2014 / /	DDMD, Inc. A & E Auto Repair, 1464 Market Cir Port Charlotte, FL 33953	В	auto mechanic	СН			\$150.0
6/19/2014	myLaw CLE, 1121 W Price Blvd #145 North Port, FL 34288	В	legal education	СН			\$250.0
6							
6/19/2014	Dienner, Anthony 461 Gault road Narvon, PA 17555	I		СН			\$50.0
7							
6/20/2014	Monarch Printing, 1264 Market Circle #6 Port Charlotte, FL 33953	В	printer	СН			\$1,000.0
8							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Jason Lynn Stoltzfu	s		(	2) I.D. Numbe	r <u>4</u>	22
	6/1/2014			/20/2014			<del></del>
(3) Cover Peri	od//	thro			(4) Pag	e 2	of 2
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	Co	(8) ontributor	(9)	(10)	(11)	(12)
Number	City, State, Zip Code		Occupation	Туре	Description	Amendment	Amount
6/20/2014	Johnston, David 200 Riveria CT Punta Gorda, FL 33950	I	budget analyst	СН	·		\$500.0
9							
6/20/2014	Business Management Consultant, 200 Riveria CT Punta Gorda, FL 33950	В	consultant	CH			\$300.0
10							
1 1	_						
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1 1	_						
1 1	_						
1 1							

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

(1) Name Jason	Lynn	Sto	ltzfus	3			 (2) I.D. Nur	nber	4	422	300
	6/1/	2014	Į.		6/20/2	014					
(3) Cover Period	1		1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(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
6/18/2014	HARLAN CHECK ORDER,	order checks from bank	МО		\$20.90
1			·	5	·
6/20/2014	SUPERVISOR OF ELECTIONS,	qualifying fee	MO		\$3,615.30
2					
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//					
//					
11					
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DS-DE 14 (Rev					