	CAMPAIGN TREASURER'S REPORT SUMMARY						
(1)	Kristina Mobley	OFFICE USE ONLY					
	Name	ONLINE SUBMISSION					
(2)	Protected	Submitted on:					
	Address (number and street)	6/7/2024 18:15:20 (eastern)					
	City, State, Zip Code	<del></del>					
	☐ Check here if address has changed	(3) ID Number: 884					
(A)		(3) ID Nullibel.					
(4)	Check appropriate box(es):  X Candidate Office Sought: County Court	Judge Group 2					
	Political Committee (PC)	oudge croup 2					
	☐ Electioneering Communications Org. (ECO)	Check here if PC or ECO has disbanded					
	☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an	<ul><li>☐ Check here if PTY has disbanded</li><li>☐ Check here if no other IE or EC reports will be filed</li></ul>					
	individual making electioneering communications)	Check here if no other in or no reports will be med					
	(5) Pana	ut Idautisiana					
Cove		rt Identifiers					
		5 / 31 / 2024 Report Type: <u>Q2</u>					
		pecial Election Report					
(6)	Contributions This Report	(7) Expenditures This Report					
Cash	h & Checks \$ , , <u>800</u> . <u>00</u>	Monetary					
Loan	s , , <u>0</u> . <u>00</u>	Transfers to Office Account \$ , , 0 . 00					
Total	Il Monetary \$ , , <u>800</u> . <u>00</u>	Total Monetary \$ , _10 ,264 . 09					
In-Ki	ind \$,, <u>0</u> .00						
		(8) Other Distributions					
		\$					
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
	\$, _22 , _05000	\$, _10_, _94189_					
		rtification rson to falsify a public record (ss. 839.13, F.S.)					
Ιc	certify that I have examined this report and it is true, cor	,					
/T\	(Type name) (Type name)						
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)					
X		X					
	gnature	Signature					

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

(1) Name Kristina Mobley				(2) I.D. Number					
	4/1/202	4		5/31/	2024				
(3) Cover Period	1	1	through	1	1	(4) Page	1	of $\frac{1}{}$	

(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	C Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
1	Gates, Tyler 301 W. Bay St. Jacksonville, FL 32202	I	attorney	СН			\$250.0
4/9/2024	Simmons, Stephanie 1922 Choctaw Tr. Middleburg, FL 32068	I	paralegal	СН			\$100.0
4/1/2024	Espenship, Jennifer 1619 6th St. S Jax Beach, FL 32250	I	attorney	СН			\$100.0
4/1/2024	Arnold, Jimmy 718 N. Orange Ave. GCS, FL 32043	I	attorney	СН			\$250.0
4/3/2024	Bozeman, Benjamin 1524 Community Pt Fleming Island, FL 32003	I	sales	СН			\$100.0
1 1							
1 1							
1 1							

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

(1) Name_	Kristina Mobley		(2) I.D. Number	884	
	4/1/2024	5/31/2024			
(3) Cover P	eriod / /	through / /	(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
1	SOE, Clay County 500 N. Orange Ave. GCS, FL 32043	qualifying fee	MO		\$7,224.64
4/26/2024	Florida, Reliant 50 N. Laura St. Suite 2500 Jacksonville, FL 32202	consulting	МО		\$3,000.00
4/30/2024	First CU, Community 2004 East-West Pkwy Fleming Island, FL 32003	bank fee	МО		\$5.95
4/3/2024	Inc., Anedot 1340 Poydras St. Suite 1770 New Orleans, LA 70112	credit card fees	МО		\$33.50
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