

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Scott Wilson  
 Name  
 (2) 221 N. Hogan St.  
 Address (number and street)  
Jacksonville, FL 32202  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1085911]

Submitted on:  
 3/6/2015 20:38:01 (eastern)

Check here if address has changed (3) ID Number: 563

(4) Check appropriate box(es):

Candidate Office Sought: City Council District 4

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 2 / 21 / 2015 To 2 / 27 / 2015 Report Type: F5

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$      ,      , 450 . 00

Loans \$      ,      , 0 . 00

Total Monetary \$      ,      , 450 . 00

In-Kind \$      ,      , 0 . 00

**(7) Expenditures This Report**

Monetary Expenditures \$      , 9 , 517 . 08

Transfers to Office Account \$      ,      , 0 . 00

Total Monetary \$      , 9 , 517 . 08

**(8) Other Distributions**

\$      ,      , 0 . 00

**(9) TOTAL Monetary Contributions To Date**

\$      , 62 , 720 . 00

**(10) TOTAL Monetary Expenditures To Date**

\$      , 23 , 547 . 97

### (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 Scott Wilson (2) I.D. Number 563  
 (3) Cover Period 2/21/2015 through 2/27/2015 (4) Page 1 of 1

(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
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
2/24/2015 / /	Whitaker , Joseph 4034 River Valley Road Jacksonville, FL 32277	I		CH			\$50.00
1							
2/24/2015 / /	Rose, Christopher & Teresa 1316 Mayfair Road Jacksonville, FL 32207	I		CH			\$100.00
2							
2/25/2015 / /	Workman, David 1402 Glendale Road W Jacksonville, FL 32216	I	retired	CH			\$200.00
3							
2/25/2015 / /	Alterations & Tailoring, Professional 43 W Adams Street Jacksonville, FL 32202	B	alteration s	CH			\$100.00
4							
/ /							
/ /							
/ /							
/ /							
/ /							

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

(1) Name Scott Wilson

(2) I.D. Number 563

(3) Cover Period 2/21/2015 through 2/27/2015

(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
2/24/2015 //	Inc, Majority Strategies 135 Professional Drive Suite 104 Ponte Vedra Beach, FL 32082	printing & postage	MO		\$9,512.13
1					
2/24/2015 //	Paypal, 2211 North First Street San Jose, CA 95131	processing fee	MO		\$1.75
2					
2/24/2015 //	Paypal, 2211 North First Street San Jose, CA 95131	processing fee	MO		\$3.20
3					
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//					
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