

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
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
[1056900]
Submitted on:
11/11/2013 21:07:51 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 563

(4) Check appropriate box(es):
 Candidate (office sought): City Council District 4
 Political Committee CHECK IF PC HAS DISBANDED
 Committee of Continuous Existence CHECK IF CCE HAS DISBANDED
 Party Executive Committee
 Electioneering Communication CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 10/1/2013 To 10/31/2013 Report Type M10
 Original Amendment Special Election Report Independent Expenditure 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 \$ 11.95
 Transfers to Office Account \$ 0.00
 Total Monetary \$ 11.95

(8) Other Distributions
 \$ 0.00

(9) TOTAL Monetary Contributions To Date
 \$ 3,325.00

(10) TOTAL Monetary Expenditures To Date
 \$ 224.13

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>(Type name) _____</p> <p><input type="checkbox"/> Individual (only for electioneering commun.) <input type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer</p> <p>X _____</p> <p>Signature</p>	<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>(Type name) _____</p> <p><input type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC, PTY & electioneering commun. organization)</p> <p>X _____</p> <p>Signature</p>
--	--

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Scott Wilson (2) I.D. Number 563

10/1/2013 through 10/31/2013

(3) Cover Period / / through / / (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
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Scott Wilson

(2) I.D. Number 563

(3) Cover Period 10/1/2013 through 10/31/2013

(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
(6) Sequence Number					
10/15/2013 //	BBVA Compass Bank, 4190 Belfort Road Suite 100 Jacksonville, FL 32216	monthly service charge	MO		\$11.95
1					
//					
//					
//					
//					
//					
//					
//					