

## 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**  
 [1078159]

Submitted on:  
 10/7/2014 22:39:48 (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 9 / 1 / 2014 To 9 / 30 / 2014 Report Type: M9

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$      ,      , 600 . 00

Loans \$      ,      , 0 . 00

Total Monetary \$      ,      , 600 . 00

In-Kind \$      ,      , 89 . 88

### (7) Expenditures This Report

Monetary Expenditures \$      ,      , 0 . 00

Transfers to Office Account \$      ,      , 0 . 00

Total Monetary \$      ,      , 0 . 00

### (8) Other Distributions

\$      ,      , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$      , 29 , 010 . 00

### (10) TOTAL Monetary Expenditures To Date

\$      , 2 , 362 . 18

### (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 9/1/2014 through 9/30/2014 (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		Amount
9/2/2014 / /	Mehta, Jason 534 Lancaster Street Jacksonville, FL 32204	I		CH			\$50.00
1							
9/18/2014 / /	Group Inc, Hipps 1650 Margaret Street 323 Jacksonville, FL 32204	B	planning consultant	CH			\$250.00
2							
9/18/2014 / /	Tax Service Inc, Cowart & Land PO Box 47437 Jacksonville, FL 32247	B	tax preparation	CH			\$100.00
3							
9/30/2014 / /	LLC, Custom Tree Surgeons 2601 Rolac Road Jacksonville, FL 32207	B	tree surgeons	CH			\$200.00
4							
9/30/2014 / /	Wilson, Scott 221 North Hogan Street 619 Jacksonville, FL 32202	S		IK	mailbox		\$89.88
5							
/ /							
/ /							
/ /							
/ /							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Scott Wilson

(2) I.D. Number 563

(3) Cover Period 9/1/2014 through 9/30/2014

(4) Page 1 of 0

(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
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