

**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**  
[1056025]  
Submitted on:  
10/7/2013 20:54:46 (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 7/1/2013 To 9/30/2013 / Report Type Q3  
 Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 3,125.00  
 Loans \$ 200.00  
 Total Monetary \$ 3,325.00  
 In-Kind \$ 0.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 212.18  
 Transfers to Office Account \$ 0.00  
 Total Monetary \$ 212.18

**(8) Other Distributions**  
 \$ 0.00

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

**(10) TOTAL Monetary Expenditures To Date**  
 \$ 212.18

**(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><b>X</b> _____</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 &amp; electioneering commun. organization)</p> <p><b>X</b> _____</p> <p>Signature</p>
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Scott Wilson (2) I.D. Number 563  
 7/1/2013 through 9/30/2013  
 (3) Cover Period        /        /        through        /        /        (4) Page 1 of 2

(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				
7/18/2013 / /	Norton , Mrs. Raymond (Gloria) 8135 Middle Fork Lane Jacksonville, Fl 32256	I	business developmen t	CH			\$500.00
1							
7/18/2013 / /	Norton , Raymond 8135 Middlefork Lane Jacksonville, Fl 32256	H I	retired	CH			\$500.00
2							
7/18/2013 / /	Wilson, Scott A 2436 Parental Home Road Jacksonville, Fl 32216	S	city employee	LO			\$200.00
3							
7/18/2013 / /	Wilson , Susan E 1062 Ovington Road South Jacksonville , Fl 32216	I		CH			\$100.00
4							
7/25/2013 / /	Peyton , John S 823 Waterman Road North Jacksonville , Fl 32207	I	ceo	CH			\$250.00
5							
8/21/2013 / /	Shine, Scott 4390 Richmond Park Drive North Jacksonville, Fl 32224	I	consultant	CH			\$250.00
6							
8/23/2013 / /	Mann , Leonard Charles 165 Arlington Road North Jacksonville, Fl 32211	I	realtor	CH			\$500.00
7							
9/12/2013 / /	Gentry , William C 136 East Bay Street, Suite 300 Jacksonville, Fl 32202	C I	attorney	CH			\$500.00
8							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

7/1/2013 through 9/30/2013

(3) Cover Period       /      /       through       /      /       (4) Page 2 of 2

(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
9/13/2013 / /	Schlessinger , Sarah 6739 Yvonne Lane Jacksonville , Fl 32216	I		CH			\$25.00
9							
9/13/2013 / /	Factory Auto Glass , 1938 East Road Jacksonville , Fl 32216	B	mobile auto glass	CH			\$500.00
10							
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/ /							

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

(1) Name Scott Wilson

(2) I.D. Number 563

(3) Cover Period 7/1/2013 through 9/30/2013

(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					
7/29/2013 / /	UPS Store #4509 , 221 North Hogan Street Jacksonville , fL 32202	mailbox	MO		\$186.18
1					
8/6/2013 / /	Compass Bank , 4190 Belfort Road, Suite 100 Jacksonville, Fl 32216	checks	MO		\$26.00
2					
/ /					
/ /					
/ /					
/ /					
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