CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Patricia Gee-Jones	OFFICE USE ONLY						
Name (2) 6965 Rollo Road	ONLINE SUBMISSION [1087100]						
(2) 6965 Rollo Road Address (number and street)	Submitted on:						
Jacksonville, FL 32205	4/14/2015 11:58:44 (eastern)						
City, State, Zip Code							
Check here if address has changed	(3) ID Number: <u>574</u>						
(4) Check appropriate box(es):							
Candidate Office Sought: City Council	District 10						
 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 <u>1</u> / <u>1</u> / <u>2015</u> To	4/ 16/ 2015 Report Type:TRQ						
ĭ Original ☐ Amendment ☐ Sp	ecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
	Monetary						
Cash & Checks \$, , , 0 . 00	Expenditures \$, , , 52						
Loans \$,,0.00	Transfers to						
	Office Account \$, , 0 · 00						
Total Monetary \$, , 0.00							
	Total Monetary \$,,						
In-Kind \$,,,							
	(8) Other Distributions						
	\$,,000						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$,, <u>504</u> . <u>00</u>	\$,, <u>504</u> . <u>00</u>						
(11)							
(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)	(Type name)						
Individual (only for IE Treasurer Deputy Treasurer	Candidate Chairperson (only for PC and PTY)						
or electioneering comm.)							
x	x						
Signature	Signature						

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	(1) Name <u>Patricia Gee-Jones</u>				s (2) I.D. Number574				
	1/1/2015			4/16/2015					
(3) Cover Peri	iod / /	thro	ough	11	(4) Page	e	of		
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)		
Sequence	Street Address &	C	ontributor	Contribution	In-kind				
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount		
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Patr) EXPENDIT 2) I.D. Number				
(3) Cover Period	1/1/2015 I/through_	4/16/2015 //(4) Page <u>1</u>	of	1
(5) Date (6) Sequence Number	(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
	Gee-Jones, Patricia PO Box 6643 Jacksonville, Fl 32236	loan to self during campaign.	RE		\$2.52
//					
_/ /					
_/ /					
_/ /					

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES