CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Matt Schellenberg	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION							
(2)	5324 Heronview Drive	Submitted on:							
	Address (number and street)	6/17/2015 15:52:41 (eastern)							
	Jacksonville, FL 32257  City, State, Zip Code	— I							
		(3) ID Number: 601							
(4)	Check here if address has changed	(3) ID Number: 601							
(4)	Check appropriate box(es):  Candidate Office Sought: City Council District 6  Political Committee (PC)  Electioneering Communications Org. (ECO)  Party Executive Committee (PTY)  Independent Expenditure (IE) (also covers an individual making electioneering communications)  Check here if PC or ECO has disbanded  Check here if PTY has disbanded  Check here if no other IE or EC reports will be filed								
	(5) Report	Identifiers							
Cove	er Period: From $11 / 1 / 2014$ To	11 / 30 / 2014 Report Type: M11							
		ecial Election Report							
(6)	Contributions This Report	T							
	h & Checks \$,,,000	(7) Expenditures This Report  Monetary Expenditures \$,,,, 37							
Loar	\$,,,000 I Monetary \$ , , 0 . 00	Transfers to Office Account \$ , , , 0 . 00							
In-Ki		Total Monetary \$ , , ,9 . <u>37</u>							
		(8) Other Distributions \$ , , 000_							
(9)	(9) TOTAL Monetary Contributions To Date \$, _131_, _67500								
(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 Candidate Chairperson (only for PC and PTY)									
Sie	gnature	Signature							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Matt Schellenberg				2) I.D. Numbe	er <u> </u>	01
(3) Cover Perio	od///	thro	1 ough	1/30/2014 //_	(4) Pag	je <u>1</u>	of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
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## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name	<i>l</i> att	Schellenb	erg				 (2) I.D. Nun	nber	6	501	
		11/1/20	14		11/30/	2014		-			
(3) Cover Po	eriod	I	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
11/17/2014	Famous Amos Restauant, 10339 San Jose Blvd Jacksonville, FL 32217	strategy meeting	MO	Delete	\$9.37
11/17/2014	Famous Amos Restauant, 10339 San Jose Blvd Jacksonville, FL 32217	strategy meeting	МО	Add	\$0.00
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DS-DE 14 (Rev.					