	CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	Matt Schellenberg	OFFICE USE ONLY							
` '	Name	ONLINE SUBMISSION							
(2)	5324 Heronview Drive	Submitted on:							
	Address (number and street)	7/7/2014 13:55:14 (eastern)							
	Jacksonville, FL 32257								
	City, State, Zip Code								
	Check here if address has changed	(3) ID Number:601							
(4)	Check appropriate box(es):								
	☐ Candidate Office Sought: City Council	District 6							
	<ul><li>☐ Political Committee (PC)</li><li>☐ Electioneering Communications Org. (ECO)</li></ul>	Check here if PC or ECO has disbanded							
	Party Executive Committee (PTY)	Check here if PTY has disbanded							
	☐ Independent Expenditure (IE) (also covers an	☐ Check here if no other IE or EC reports will be filed							
	individual making electioneering communications)								
	(5) Report	Identifiers							
Cove	er Period: From 6 / 1 / 2014 To	6 / 30 / 2014 Report Type: M6							
<mark>⊠</mark> o		ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
(0)	Contributions This Report								
Casł	n & Checks \$,5 , <u>850</u> . <u>00</u>	Monetary							
Loans \$,,,000		Transfers to Office Account \$ , , 0 . 00							
Tota	I Monetary \$ , 5 , <u>850</u> . <u>00</u>	Total Monetary \$ , , 0 . 00							
In-Ki	nd \$ , , 0.00	,,,							
		(8) Other Distributions							
		\$,, <u>0</u> . <u>00</u>							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
	\$, <u>87</u> , <u>975</u> . <u>00</u>	\$, ,, <u>0</u> . <u>00</u>							
	(11) Cert It is a first degree misdemeanor for any pers	tification on to falsify a public record (ss. 839.13, F.S.)							
Ιc	ertify that I have examined this report and it is true, corr	• • • • • • •							
		(Type name)							
	ype name) Individual (only for IE  Treasurer Deputy Treasurer electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)							
Х		X							
	gnature	Signature							

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name	Matt Scl	elle	nberg			(2	) I.D. Number		601	9
	6/1	/201	4		6/30/	2014				
(3) Cover Perio	<b>.</b> A	1	1	through	1	1	(A) Page	1	of	2

(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name	(6)		(0)	(10)	(1.17	(12)
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &	С	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
6/3/2014	Stein, Linda B 6750 Epping Forest Way N. Jacksonville, FL 32217	Ĭ	volunteer	СН	ASSAULT ESSE AND SATE FOR ANY ASSAULT		\$1,000.00
1	Jacksonville, FL 32217						
6/3/2014	Stein, David A 220 Ponte Vedra Park Drive Suite 160 Ponte Vedra Beach, FL 32082	I	retired businessma n	СН			\$1,000.00
2	Fonce vedra beach, FB 32002						
6/10/2014	Haridopolos, Michael 4385 Crooked Mile Road Merritt Island, FL 32952	I	president florida sena	СН			\$500.00
3	Merrice Island, Fi 32932		Sella				
6/12/2014	Advanced Disposal, 90 Fort Wade Road Ponte Vedra, FL 32081	В	waste disposal	СН			\$500.00
4							
6/14/2014	Drummond Press, 2472 Dennis Street Jacksonville, FL 32203	В	printing company	СН			\$250.00
	Lee, Tommy D	I	glass	СН			\$300.00
6/20/2014	7609 Tara Lane Jacksonville, FL 32216		glass distributo r	)			,
6							
6/21/2014	J.B. Coxwell Contracting, Inc, 6741 Lloyd Road West Jacksonville, FL 32254	В	building contractor	CH			\$1,000.00
7							
6/28/2014	Robbins, David M. 233 E. Bay Street Jacksonville, FL 32202	I	attorney	СН			\$300.00
8							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Matt Schellenberg				2) I.D. Numbe	er <u>6</u>	501
	6/1/2014		6	/30/2014			
(3) Cover Perio	od//	thro	ough	<i>I I</i>	(4) Pag	je <u>2</u>	of 2
(5) Date (6) Sequence Number	(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)	(12)
6/30/2014	Poole Management Company, 8323 Ramona Blvd Jacksonville, FL 32221	В	financial services	СН	24447		\$1,000.0
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J I							
I I							
1 1							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (1) Name Matt Schellenberg (2) I.D. Number 601							
	6/1/2014 /through	6/30/2014	(4) Page <u>1</u>		0		
(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Purpose (add office sought if	(9)	(10)	(11)		
(6) Sequence Number	Street Address & City, State, Zip Code	contribution to a candidate)	Expenditure Type	Amendment	Amount		
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