

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Lori Boyer  
 Name

(2) 2234 River Road  
 Address (number and street)  
Jacksonville, FL 32207  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1083993]

Submitted on:  
 1/23/2015 09:50:06 (eastern)

Check here if address has changed (3) ID Number: 616

(4) Check appropriate box(es):

Candidate Office Sought: City Council District 5

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 1 / 1 / 2015 To 1 / 16 / 2015 Report Type: F1

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$        ,        , 700 . 00

Loans \$        ,        , 0 . 00

Total Monetary \$        ,        , 700 . 00

In-Kind \$        ,        , 0 . 00

**(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**  
 \$        , 94 , 505 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$        , 3 , 918 . 49

### (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 Lori Boyer (2) I.D. Number 616

(3) Cover Period 1/1/2015 through 1/16/2015 (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	Amendment	Amount
1/6/2015 / /	Head, Robert 841 Sorrento Road Jacksonville, FL 32207	I	attorney	CH			\$200.00
1							
1/16/2015 / /	HCA East FL Div & Good Gvt PAC, 101 N. Monroe Street Suite 801 Tallahassee, FL 32301	F	health care pac	CH			\$500.00
2							
/ /							
/ /							
/ /							
/ /							
/ /							
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Lori Boyer

(2) I.D. Number 616

(3) Cover Period 1/1/2015 through 1/16/2015

(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
(6) Sequence Number					
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