

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
 [1088661]
 Submitted on:
 6/26/2015 16:37:23 (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 4 / 16 / 2015 Report Type: TRQ

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 0 . 00

Loans \$, , 0 . 00

Total Monetary \$, , 0 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 0 . 00

Transfers to Office Account \$, , 85 . 00

Total Monetary \$, , 85 . 00

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 94 , 505 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 94 , 505 . 00

(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

1/1/2015 through 4/16/2015

(3) Cover Period _____ / _____ / _____ through _____ / _____ / _____ (4) Page 1 of 0

(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
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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 4/16/2015

(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
4/16/2015 //	Lori Boyer Office Account, 2234 River Road Jacksonville, FL 32207	transfer funds to office account	TO	Add	\$85.00
1					
2/15/2015 //	Miller, Jeanne 4697 Nottingham Road Jacksonville, FL 32210	refund partial contribution	DI	Delete	\$85.00
2					
2/15/2015 //	Miller, Jeanne 4697 Nottingham Road Jacksonville, FL 32210	void issued check	DI	Add	\$0.00
3					
4/6/2015 //	Republic Service of Florida LP, 8619 Western Way Jacksonville, FL 32256	replacement check for refund of partial contribution	DI	Add	\$425.00
4					
4/16/2015 //	Republic Service of Florida LP, 8619 Western Way Jacksonville, FL 32256	duplicate refund deposited in error	DI	Add	\$-425.00
5					
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