

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Rob Schoonover  
 Name  
 (2) 4446 Hendricks Avenue, Suite 219  
 Address (number and street)  
Jacksonville, FL 32207  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1082543]

Submitted on:  
 12/10/2014 09:01:49 (eastern)

Check here if address has changed

(3) ID Number: 618

(4) Check appropriate box(es):

Candidate Office Sought: Sheriff

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

Cover Period: From 11 / 1 / 2014 To 11 / 30 / 2014 Report Type: M11

Original

Amendment

Special Election Report

### (6) Contributions This Report

Cash & Checks \$        ,   2   ,  750  .  00 

Loans \$        ,        ,   0   .  00 

Total Monetary \$        ,   2   ,  750  .  00 

In-Kind \$        ,        ,   0   .  00 

### (7) Expenditures This Report

Monetary Expenditures \$        ,   2   ,  500  .  00 

Transfers to Office Account \$        ,        ,   0   .  00 

Total Monetary \$        ,   2   ,  500  .  00 

### (8) Other Distributions

\$        ,        ,   0   .  00 

### (9) TOTAL Monetary Contributions To Date

\$        ,  105  ,  360  .  00 

### (10) TOTAL Monetary Expenditures To Date

\$        ,   32  ,  594  .  52 

### (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 Rob Schoonover (2) I.D. Number 618  
 11/1/2014 through 11/30/2014  
 (3) Cover Period / / through / / (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						
11/26/2014 / /	Bragan Jr, Peter PO Box 4756 Jacksonville, FL 32257	I baseball team owner	CH			\$500.00
1						
11/26/2014 / /	Moore, Ben 8798 Celia Court Jacksonville, FL 32217	I retired police	CH			\$250.00
2						
11/26/2014 / /	Frison, Lisa M 3925 Villa San Jose Drive Jacksonville, FL 32217	I anesthesio logist	CH			\$1,000.00
3						
11/26/2014 / /	Reed, Felicia 13053 Autumn River Rd N Jacksonville, FL 32224	I flight attendant	CH			\$1,000.00
4						
/ /						
/ /						
/ /						
/ /						
/ /						

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Rob Schoonover

(2) I.D. Number 618

(3) Cover Period 11/1/2014 through 11/30/2014

(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
11/17/2014 // 1	Reliant Florida Consulting LLC, PO Box 1776 Keystone Heights, FL 32656	consulting	MO		\$2,500.00
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