

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Nancy Walker
 Name

(2) 1004 Mackinaw Street
 Address (number and street)
Jacksonville, FL 32254
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1087329]

Submitted on:
 4/27/2015 15:10:49 (eastern)

Check here if address has changed (3) ID Number: 619

(4) Check appropriate box(es):

Candidate Office Sought: City Council District 9

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 \$, , 0 . 00

Total Monetary \$, , 0 . 00

(8) Other Distributions
 \$, , 0 . 00

(9) TOTAL Monetary Contributions To Date
 \$, , 10 . 00

(10) TOTAL Monetary Expenditures To Date
 \$, , 10 . 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 Nancy Walker (2) I.D. Number 619

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 Nancy Walker

(2) I.D. Number 619

(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
(6) Sequence Number					
4/16/2015 //	Walker, Nancy Denise 1004 Mackinaw Street Jacksonville, Fl 32254	repayment of loan	DI		\$0.40
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