CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	Greg Tison	OFFICE USE ONLY								
	Name	ONLINE SUBMISSION								
(2)	12533 Briarmead Lane	Submitted on:								
	Address (number and street) Jacksonville, FL 32258	2/5/2015 09:42:37 (eastern)								
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number: 667								
(4)	Check appropriate box(es):	(-)								
(~)	☐ Candidate Office Sought: City Council	At Large Group 3								
	☐ Political Committee (PC)									
	☐ Electioneering Communications Org. (ECO)	Check here if PC or ECO has disbanded								
	☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an	☐ Check here if PTY has disbanded☐ Check here if no other IE or EC reports will be filed								
	individual making electioneering communications)	_ Oncor here it no other in or no reports will be med								
	(5) Report Identifiers									
Cov	.,.									
	<u> </u>									
		ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Casl	n & Checks \$,,, _000	Monetary								
Loar	s \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$, , 0 . 00								
Tota	I Monetary \$, , 0 . 00	Total Monetary \$, , 59 . 93								
In-Ki	nd \$, , 0.00	,, ,,								
		(8) Other Distributions								
		\$,, <u>0</u> 0								
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
	\$, <u>21</u> , <u>966</u> . <u>60</u>	\$, <u>21</u> , <u>966</u> . <u>60</u>								
	(44) 0									
	(11) Cern It is a first degree misdemeanor for any pers	tification on 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:										
(T	ype name)	(Type name)								
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)								
Х		×								
	gnature	Signature								

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Greg Tison	(2) I.D. Number						
7/1/2014		•		7/31/2014				
(3) Cover Perio	od / /	thro	ough	<i>II</i>	(4) Pag	e 1	of	
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)	
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount	
	State See			3440				
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Greg	Tison			(2) I.D. Number	(567	
	7/1/20	14	7/31/2014				
(3) Cover Period	I	1	through / /	(4) Page 1	of	1	

_(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
7/26/2014	Tison, Greg 12533 Briarmead Lane Jacksonville, Fl 32258	office supplies	MO	Add	\$59.93
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