

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Donald Foy
Name

(2) 11516 Whispering Brook Lane
Address (number and street)

Jacksonville, FL 32218
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
[1085524]

Submitted on:
2/27/2015 12:06:45 (eastern)

Check here if address has changed

(3) ID Number: 687

(4) Check appropriate box(es):

- Candidate Office Sought: City Council District 7
- 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 2 / 14 / 2015 To 2 / 20 / 2015 Report Type: F4

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, 1 , 025 . 00

Loans \$, , 0 . 00

Total Monetary \$, 1 , 025 . 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

\$, 5 , 296 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 4 , 527 . 41

(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 Donald Foy (2) I.D. Number 687

(3) Cover Period 2/14/2015 through 2/20/2015 (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
2/19/2015 / /	dean, julius 6772 linford lane dr circle jacksonville, fl 32217	I		CA			\$25.00
1							
2/16/2015 / /	powell International Inc., 219 Newman St Jacksonville, FL 32202	B	insurance	CH			\$500.00
2							
2/16/2015 / /	Powell, Margaret C 2465 forest circle jacksonville, fl 32257	I	retired	CH			\$500.00
3							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Donald Foy

(2) I.D. Number 687

(3) Cover Period 2/14/2015 through 2/20/2015

(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					
// /					
// /					
// /					
// /					
// /					
// /					