

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Karen Nuland
 Name
 (2) 4427 Herschel Street
 Address (number and street)
Jacksonville, FL 32210
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1179640]

Submitted on:
 11/14/2018 17:36:17 (eastern)

Check here if address has changed

(3) ID Number: 784

(4) Check appropriate box(es):

- Candidate Office Sought: School Board Dist 6
- 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 / 1 / 2018 To 2 / 28 / 2018 Report Type: M2

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 \$, , 16 . 38

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 16 . 38

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 57 , 377 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 49 , 434 . 75

(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 Karen Nuland (2) I.D. Number 784

(3) Cover Period 2/1/2018 through 2/28/2018 (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 Karen Nuland

(2) I.D. Number 784

(3) Cover Period 2/1/2018 through 2/28/2018

(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					
2/28/2018 / /	Center State Bank, 2922 Corinthian Avenue Jacksonville, Fl 32210	bank fee	MO	Add	\$2.00
1					
2/22/2018 / /	Center State Bank, 2922 Corinthian Avenur Jacksonville, Fl 32210	checks	MO	Add	\$14.05
2					
2/23/2018 / /	Pay Pal, 2211 North First Street San Jose, Ca 95131	pay pal fee	MO	Add	\$0.33
3					
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