CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	Karen Nuland	OFFICE USE ONLY								
` '	Name	ONLINE SUBMISSION								
(2)	4427 Herschel Street	Submitted on:								
	Address (number and street)	11/25/2018 18:55:52 (eastern)								
	Jacksonville, FL 32210 City, State, Zip Code									
		(2) 17 11								
	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								
	individual making electioneering communications)									
(5) Report Identifiers										
Cove	er Period: From $8 / 11 / 2018$ To	8 / 23 / 2018 Report Type: P7								
□ 0	riginal Amendment Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
. ,		Monetary								
Cash	h & Checks \$, , 0 . 00	Expenditures \$, , -500.00								
Loar	s ,, ,, <u>0</u> . <u>00</u>	Transfers to								
	• 0 00	Office Account \$, , , 0 . 00								
Tota	I Monetary \$, , 000	Total Monetary \$, -500.00								
I IZ:	ind \$, , 0.00	Total Monetary \$, , , 00								
In-Ki	ind \$,, <u>0</u> .00	(O) Other Distributions								
		(8) Other Distributions \$, , 0 00_								
		,,,								
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
	\$	\$, <u>57</u> , <u>644</u> . <u>06</u>								
-	(44) 0	Life - Ai								
	(11) Cen 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:										
<u> </u>	ype name)	(Type name)								
	Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)								
V		V								
X	gnature	X Signature								
31	griature	oignature								

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Karen Nuland				2) I.D. Numbe	er	84
(3) Cover Perio	8/11/2018 od///	thro	ough	/23/2018 ///	(4) Pag	e	of
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &		(8)	(9)	(10)	(11)	(12)
Number / /	City, State, Zip Code	Туре	Occupation	Туре	Description	Allendirent	Amount
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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 Karen	Karen Nuland					_ (2) I.D. Nun	nber	784		
	8/11/2	018		8/23/20	018					
(3) Cover Period	I	1	through	1	1	(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
8/21/2018	Spazhouse, Henkle Roxanne 2237 Oak Street Jacksonville, Fl 32204	consultin/ printing	МО	Delete	\$1,575.00
1					
8/21/2018	Spazhouse, Henkle Roxanne 2237 Oak Street Jacksonville, Fl 32204	consultin/ printing	МО	Add	\$1,075.00
2					
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