CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	Cynthia Smith	OFFICE USE ONLY								
	Name	ONLINE SUBMISSION								
(2)	P.O. Box 9930	Submitted on:								
	Address (number and street) Jacksonville, FL 32208	8/6/2018 12:58:03 (eastern)								
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number: 816								
(4)	Check appropriate box(es):	(6) 12 Italiaci.								
()	 ☐ Candidate Office Sought: School Board ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) 	Dist 4 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										
Cove	er Period: From $\frac{7}{2}$ / $\frac{21}{2}$ / $\frac{2018}{2018}$ To	7 / 27 / 2018 Report Type: P4								
<u>X</u> 0	riginal Amendment Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Casl	n & Checks \$, , <u>500</u> . <u>00</u>	Monetary								
Loar		Transfers to Office Account \$, , , 0 . 00								
	I Monetary \$,, 500 . 00	Total Monetary \$,1 , <u>586</u> . <u>00</u>								
In-Ki	ind \$,, <u>0</u> .00	(0) 0(1 5) (1) (1								
		(8) Other Distributions \$, , 000								
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
	\$	\$, <u>7</u> , <u>834</u> . <u>70</u>								
(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:										
	ype name) Individual (only for IE	(Type name) ☐ Candidate ☐ Chairperson (only for PC and PTY)								
Х		X								
Si	gnature	Signature								

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Cynthia Smith	(2) I.D. Number							
	7/21/2018			/27/2018					
(3) Cover Perio	od / /	thro	ough	1 1	(4) Pag	e <u>1</u>	of		
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(5)	(7)		(8)	(9)	(10)	(11)	(12)		
Date	Full Name								
(6)	(Last, Suffix, First, Middle) Street Address &	_	and halfe and are	0-1-10-11-1	For 125cm				
Sequence Number	City, State, Zip Code	Туре	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount		
Number	AFSCME,		endorsemer		Description		\$500.0		
7/27/2018	3064 Highland Oaks Terrace		t						
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DS-DE 13 (Rev. 11/13	3)	SEE RE	VERSE FOR I	NSTRUCTIONS	AND CODE VAL	UES			

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _C	Cynthia Smith						 (2) I.D. Nun	nber	816		
	7	/21/20	018		7/27/20	18					
(3) Cover Pe	eriod	1	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
7/25/2018	Dcap Grpahix , 12200 Atlantic jax, fl 32225	printing paraphnelia	MO		\$685.00
7/25/2018	US Postal , CYNTHIA 112 New Kings Rd JAX, FL 32209	stamps and mailings	МО		\$901.00
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DS-DE 14 (Rev	4449.1				