

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Bill Bishop  
 Name  
 (2) https://www.facebook.com/billbishopforcitycouncil; 246 Noble Circle West  
 Address (number and street) [1188042]  
Jacksonville, FL 32211  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 Submitted on:  
 5/19/2019 15:27:26 (eastern)

Check here if address has changed (3) ID Number: 783

(4) Check appropriate box(es):  
 Candidate Office Sought: City Council District 1  
 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 3 / 15 / 2019 To 6 / 17 / 2019 Report Type: TRF  
 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 \$        ,        , 270 . 87  
 Transfers to Office Account \$        ,        , 0 . 00  
 Total Monetary \$        ,        , 270 . 87

**(8) Other Distributions**  
 \$        ,        , 0 . 00

**(9) TOTAL Monetary Contributions To Date**  
 \$        , 46 , 440 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$        , 46 , 440 . 00

### (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 Bill Bishop (2) I.D. Number 783

3/15/2019 through 6/17/2019

(3) Cover Period \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ through \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (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 Bill Bishop

(2) I.D. Number 783

(3) Cover Period 3/15/2019 through 6/17/2019

(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					
5/19/2019 // 1	Five STAR Veterans Center, 40 Acme Street Jacksonville, FL 32211	surplus funds to close account	MO		\$270.87
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