CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Sharise V. Riley	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION							
(2)	https://www.vote4shariseriley.com; P.C	D. Box. 11463 [1165613] Submitted on:							
	Address (number and street)	3/12/2019 19:56:52 (eastern)							
	Jacksonville, FL 32239								
	City, State, Zip Code								
	Check here if address has changed	(3) ID Number:800							
(4)	Check appropriate box(es):								
	<ul> <li>☐ Candidate Office Sought: City Council District 7</li> <li>☐ Political Committee (PC)</li> <li>☐ Electioneering Communications Org. (ECO)</li> <li>☐ Party Executive Committee (PTY)</li> <li>☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)</li> <li>☐ Check here if PC or ECO has disbanded</li> <li>☐ Check here if PTY has disbanded</li> <li>☐ Check here if no other IE or EC reports will be filed</li> </ul>								
	(5) Report	Identifiers							
Cove	er Period: From 2 / 23 / 2019 To								
		ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Cash & Checks \$,,,,,,,									
Loar		Transfers to Office Account \$ , , 0 . 00							
Tota	I Monetary \$ , ,58700								
In-Ki	ind \$, <u>787</u> . <u>00</u>	Total Monetary \$ , , 0 . 00							
		(8) Other Distributions \$ , , <u>0</u> 00_							
(9)	<b>TOTAL Monetary Contributions To Date</b> \$	(10) TOTAL Monetary Expenditures To Date \$ , 9 , _22285							
(T	(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    Deputy Treasurer or electioneering comm.)  (Type name)  Candidate    Chairperson (only for PC and PTY)								
<u>X</u>		_ X							
Si	gnature	Signature							

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) NameSh		(2) I.D. Number 800							
2/23/2019				3/1/2	1019				
(3) Cover Period	1	1	through	1	1	(4) Page	1	of <sup>1</sup>	L

(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	C Type	(8) Contributor	(9) Contribution Type	(10) In-kind Description	(11)	(12) Amount
2/26/2019	NOW, Jacksonville PO Box 1762 Jacksonville, FL 32201	P	pac	СН		bbA	\$200.0
2/27/2019 / / /	Riley, Sharise PO Box 11463 Jacksonville, FL 32239	S	re broker	СН	campaign materials	Add	\$-787.0
2/27/2019 / /	Riley, Sharise PO Box 11463 Jacksonville, FL 32239	S	re broker	IK	campaign materials	Add	\$787.(
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## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Shar			LAGUNEN G INCI		(2) I.D. Number			800	
(3) Cover Perio	2/23/2 d/	019 /	through/	2019 /	(4) Page	1	of	0	_
(5)		(7	")	(8)	(9)	I	(10)	(11)	

(5) Date	(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
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