

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Sharise Riley  
 Name  
 (2) P.O. Box 11463  
 Address (number and street)  
Jacksonville, FL 32239  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1147670]  
 Submitted on:  
 1/6/2018 10:13:59 (eastern)

Check here if address has changed (3) ID Number: 800

(4) Check appropriate box(es):  
 Candidate Office Sought: City Council District 7  
 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 12 / 1 / 2017 To 12 / 31 / 2017 Report Type: M12  
 Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$        ,        , 0 . 00  
 Loans \$        , 5 , 000 . 00  
 Total Monetary \$        , 5 , 000 . 00  
 In-Kind \$        ,        , 599 . 00

**(7) Expenditures This Report**

Monetary Expenditures \$        ,        , 0 . 00  
 Transfers to Office Account \$        ,        , 0 . 00  
 Total Monetary \$        ,        , 0 . 00

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

**(9) TOTAL Monetary Contributions To Date**  
 \$        , 5 , 000 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$        ,        , 0 . 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 Sharise Riley (2) I.D. Number 800

(3) Cover Period 12/1/2017 through 12/31/2017 (4) Page 1 of 1

(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
(6) Sequence Number		Type	Occupation	Type	Description		Amount
12/6/2017 / /	Riley, Sharise PO Box 11463 Jacksonville, FL 32239	S	candidate	LO			\$5,000.00
1							
12/28/2017 / /	Riley, Harold PO Box 11463 Jacksonville, FL 32239	I	counselor	IK	website/on linecandidate		\$599.00
2							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Sharise Riley

(2) I.D. Number 800

(3) Cover Period 12/1/2017 through 12/31/2017

(4) Page 1 of 0

(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					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					