CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Sharise V. Riley	OFFICE USE ONLY						
Name	ONLINE SUBMISSION [1188146]						
(2) https://www.vote4shariseriley.com; P.	O. Box. 11463 [1100140] Submitted on:						
Address (number and street)	5/29/2019 12:42:19 (eastern)						
Jacksonville, FL 32239							
City, State, Zip Code							
Check here if address has changed	(3) ID Number: 800						
(4) Check appropriate box(es):							
Candidate Office Sought: <u>City Council</u>	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 alacting communications)	Check here if no other IE or EC reports will be filed						
individual making electioneering communications)							
(5) Report Identifiers							
Cover Period: From <u>3</u> / <u>15</u> / <u>2019</u> To	6 / <u>17</u> / <u>2019</u> Report Type: <u>TRF</u>						
ĭ Original ☐ Amendment ☐ Sp	ecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
	Monetary						
Cash & Checks \$ , , , 0 . 00	Expenditures \$ , , , 00						
Loans \$,,0.00	Transfers to						
	Office Account \$ , , 0 . 00						
Total Monetary \$ , , 0.00							
	Total Monetary \$ , 0.00						
In-Kind \$,,000	· · · · · · · · · · · · · · · · · · ·						
	(8) Other Distributions						
	\$,,000						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$, <u>23</u> , <u>598</u> . <u>79</u>	\$, 23_, 598. 79						
	tification son to falsify a public record (ss. 839.13, F.S.)						
I certify that I have examined this report and it is true, cor							
(Type name)	(Type name)						
Individual (only for IE Treasurer Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)						
X	X						
Signature	Signature						

DS-DE 12 (Rev. 11/13)

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Sharise V. Riley	(2) I.D. Number					300	
3/15/2019			6	6/17/2019				
(3) Cover Peri	od / /	thro	ough	11	(4) Page	e	of	
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)	
Sequence	Street Address &	C	ontributor	Contribution	In-kind			
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount	
		. 0 X						
1 1	_							
1 1								
	_							
1 1								
1 1								
	_							
1 1	_							
1 1								
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1 1	_							
1 1			>					
	_							

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Shar	CAMPAIGN TREASURER'	(	) EXPENDIT 2) I.D. Number	800	
(3) Cover Period	3/15/2019 I <i>I/</i> through_	6/17/2019 /	4) Page <u>1</u>	of_	1
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle) Street Address &	(8) Purpose (add office sought if contribution to a	(9) Expenditure	(10)	(11)
Sequence Number	City, State, Zip Code	candidate)	Туре	Amendment	Amount
	Riley, Sharise 14612 Zachary Dr Jacksonville, FL 32218	returned from loans.	DI		\$14,375.94
_/ /					
_/ /					
11					
_/ /					
11					
11					
11					

DS-DE 14 (Rev. 11/13)

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