	CAMPAIGN TREASURER'S REPORT SUMMARY						
(1)	Keshan Gainey Chambliss	OFFICE USE ONLY					
•	Name	ONLINE SUBMISSION					
(2)	5846 Felix Drive N.	Submitted on:					
	Address (number and street)	8/3/2018 17:01:06 (eastern)					
	Jacksonville, FL 32219						
	City, State, Zip Code						
	Check here if address has changed	(3) ID Number:820					
(4)	Check appropriate box(es):						
	☐ Candidate Office Sought: City Council I	District 10					
	Political Committee (PC)	□ 01 - d. b '/ 20 500 b disbouded					
		☐ Check here if PC or ECO has disbanded ☐ Check here if PTY has disbanded					
		☐ Check here if no other IE or EC reports will be filed					
	individual making electioneering communications)						
	(E) Donort	11 49					
_		dentifiers					
Cove	er Period: From 7 / 1 / 2018 To	7 / 31 / 2018 Report Type: <u>M7</u>					
X O	Original Amendment Spe	ecial Election Report					
(6)	Contributions This Report	(7) Expenditures This Report					
		Monetary					
Cash	h & Checks \$ , , <u>560</u> . <u>00</u>	Expenditures \$ , , 0 . 00					
W	•						
Loar	ns \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$					
	<b>6</b> 560 00	Office Account \$ , , , 0 . 00					
Tota	Il Monetary \$ , , <u>560</u> . <u>00</u>	Total Monetary \$ . 0 . 00					
	0.00	Total Monetary \$ , , 0 . 00					
In-Ki	ind \$,,, <u>0</u> . <u>00</u>						
		(8) Other Distributions					
		\$,, <u>0</u> . <u>00</u>					
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
`,	\$, 1 , 410 . 01	\$ , , 725 . 34					
		· · ·					
(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) (Type name)							
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)					
or	electioneering comm.)						
х		×					
	gnature	Signature					

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

(1) Name	eshan Gainey Chambliss					820			
	7/1/2018			7/31/20	18				
(3) Cover Period	*	1	through	1	1	(A) Page	1	of	1

(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
7/31/2018	Chambliss, Keshan 5846 FELIX DR N Jacksonville, FL 32219	S	Gecupation	CA	loan		\$10.0
7/31/2018	Sapp, Debbie 12617 Sampson Road Jacksonville, FL 32218	I	retired administra tor	CH L	for campaign needs		\$300.
7/31/2018 / /	Hardeman, Amanda 7605 Leuders Jacksonville, FL 32208	I	medwaiver provider	СН	campaign needs such as t-shirts or whatever		\$250.
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(1) Name K	CAMPAIGN TREASURER eshan Gainey Chambliss		D EXPENDITU (2) I.D. Number	820	
(3) Cover Pe	7/1/2018	7/31/2018	(4) Page1	of	0
(5)	(7)	(8)	(9)	(10)	(11)
Date (6)	Full Name (Last, Suffix, First, Middle)	Purpose (add office sought if	Evmonditure		

(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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