CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) Chad McIntyre	OFFICE USE ONLY							
Name	ONLINE SUBMISSION [1155921]							
(2) 332 E. Ashley Street	Submitted on:							
Address (number and street) Jacksonville, FL 32202	6/5/2018 14:13:50 (eastern)							
City, State, Zip Code								
Check here if address has changed	(3) ID Number: 843							
_	(3) ID Number: 843							
(4) Check appropriate box(es):	At Longo Choun F							
Candidate Office Sought: <u>City Council</u> Political Committee (PC)	At Large Group 5							
	Check here if PC or ECO has disbanded							
	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 <u>5</u> / <u>1</u> / <u>2018</u> To	5 / <u>31</u> / <u>2018</u> Report Type: <u>M5</u>							
☑ Original □ Amendment □ Sp	ecial Election Report							
(6) Contributions This Report	(7) Expenditures This Report							
	Monetary							
Cash & Checks \$, , <u>50</u> . <u>00</u>	Expenditures \$, , <u>106</u> . <u>00</u>							
¢ 0.00	- <i>i i</i>							
Loans \$,, <u>0</u> .00	Transfers to Office Account \$							
Total Monetary \$, , 50.00	Office Account \$,,, 0 . 00							
	Total Monetary \$, ,106 .00							
In-Kind \$,,0.00	, <u>, , , , , , , , , , , , , , , , , , </u>							
	(8) Other Distributions							
	\$,,000							
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
\$,,_278.05	\$,, 106.00							
(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)	(Type name)							
☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)							
X	<u>X</u>							
Signature	Signature							

DS-DE 12 (Rev. 11/13)

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	(2) I.D. Number							
(1) Name <u>Chad McIntyre</u> 5/1/2018			5/31/2018					
(3) Cover Perio	od / /	thre	ough	1 1	(4) Pag	e ¹	of ¹	
	· ·	_	· · · · · · · · · · · · · · · · · · ·		_ () 0	1 1 1		
(5)	(7)		(8)	(9)	(10)	(11)	(12)	
Date	Full Name							
(6)	(Last, Suffix, First, Middle)							
Sequence	Street Address &	C	ontributor	Contribution	In-kind			
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount	
_ / _ /	Yorkgitis, Brian		physician	СН			\$50.0	
5/22/2018 / /	7763 Burnt Oak Tr							
	Jacksonville, FL 32256							
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	-							
/ /	-							
	3							
1 1	-							

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Chao) EXPENDII 2) I.D. Numbei	843	
(3) Cover Perio	5/1/2018 d//through_	5/31/2018 /(4) Page <u>1</u>	of_	1
(5) Date (6) Sequence Number	(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
5/31/2018 1	Alive Credit Union, 9790 Touchton Road Jacksonville, FL 32246	monthly bank fee	МО		\$10.00
5/29/2018 // 2	SquareSpace, 225 Varick St 12th Floor New York, NY 10014	campaign website monthly service fee	МО		\$16.00
5/24/2018 // 3	SquareSpace, 225 Varick St 12th Floor New York, NY 10014	campaign email monthly service fee	МО		\$15.00
5/8/2018 // 4	Moonclerk, 1040 W Washington St Greenville, SC 29601	electronic contribution site, monthly maintenance fee	МО		\$15.00
5/8/2018 // 5	Florida Department of State, Sunbiz 2661 Executive Center Cir Tallahassee, FL 32301	chad4jax,campai gn,name registration.	мо		\$50.00
_/ /					
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DS-DE 14 (Rev. 11/13)

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