CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Harold McCart	OFFICE USE ONLY						
Name	ONLINE SUBMISSION						
(2) 4495-304 Roosevelt Blvd Suite 277	Submitted on:						
Address (number and street) Jacksonville, FL 32210	1/29/2019 11:42:42 (eastern)						
City, State, Zip Code							
Check here if address has changed	(3) ID Number:845						
(4) Check appropriate box(es):							
Candidate Office Sought: City Council	At Large Group 4						
Political Committee (PC) Electioneering Communications Org. (ECO)	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)							
(5) Report Identifiers							
Cover Period: From <u>11</u> / <u>1</u> / <u>2018</u> To	<u>11</u> / <u>30</u> / <u>2018</u> Report Type: <u>M11</u>						
Original Amendment Spo	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 \$,, <u>0</u> . <u>00</u>							
	(8) Other Distributions \$ 0 . 00						
	\$,, <u>0</u> . <u>00</u>						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$, <u>28</u> , <u>645</u> . <u>00</u>	\$, <u>17</u> , <u>116</u> . <u>77</u>						
(11) Corr	tification						
(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)						
or decioneering comm.							
X	<u>X</u>						
Signature	Signature						

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name <u>Harold McCart</u>			(2) I.D. Number						
11/1/2018				1/30/2018			_		
(3) Cover Per	iod / /	three	ough	11_	(4) Pa	ge	of _1		
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)		
(6) Sequence	(Last, Suffix, First, Middle) Street Address &	C	ontributor	Contribution	In-kind				
Number	City, State, Zip Code	Туре		Туре	Description	Amendment	Amount		
	Cummings, Travis		state	СН	Becchpuon	Delete	\$300.0		
11/30/2018 / /	4547 Bass Place South Jacksonville, FL 322100000		representa tive						
1									
11/30/2018 / /	Cummings, Travis 4547 Bass Place South Jacksonville, FL 322100000	I	medical sales rep	СН		Add	\$300.0		
2									
1 1									
1 1									
1 1									
1 1	_								
1 1									

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (1) Name <u>Harold McCart</u> (2) I.D. Number <u>845</u>						
(3) Cover Period	11/1/2018 1 /through	.1/30/2018	(4) Page <u>1</u>	of	0	
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)	(8) Purpose (add office sought if	(9)	(10)	(11)	
Sequence Number	Street Address & City, State, Zip Code	contribution to a candidate)	Expenditure Type	Amendment	Amount	
_/ /						
_/ /						
_/ /						
_/ /						
11						

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