CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Jack Daniels	OFFICE USE ONLY						
Name	ONLINE SUBMISSION [1188977]						
(2) 16219 Shellcracker Road	Submitted on:						
Address (number and street) Jacksonville, FL 32226	6/17/2019 12:50:36 (eastern)						
City, State, Zip Code							
Check here if address has changed	(3) ID Number:858						
(4) Check appropriate box(es):							
 Candidate Office Sought: <u>City Council At Large Group 1</u> Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if PTY has disbanded Check here if no other IE or EC reports will be filed 							
(5) Report Identifiers							
Cover Period: From <u>3</u> / <u>15</u> / <u>201</u> 9 To	6 / <u>17</u> / <u>2019</u> Report Type: <u>TRF</u>						
☐ Original							
(6) Contributions This Report	(7) Expenditures This Report						
Cash & Checks \$, , , 000	Monetary Expenditures \$, , <u>104</u> . <u>84</u>						
Loans \$,, <u>0</u> .00	Transfers to Office Account \$,,,000						
Total Monetary \$	Total Monetary \$, , <u>104</u> . <u>84</u>						
······································	(8) Other Distributions						
	\$,, <u>0</u> . <u>00</u>						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$, <u>3</u> _, <u>585</u> . <u>00</u>	\$, <u>3</u> , <u>585</u> <u>00</u>						
(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	x						
Signature	Signature						

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Jack Daniels (2) I.D. Number 858					58	
	3/15/2019	6/17/2019					
(3) Cover Perio	od/ /	thro	ough	1 1	(4) Pag	e 1	of ⁰
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(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
,				5.316			
1 1							
	-						
1 1	-						
1 1	-						
		25	-				
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>Jack Daniels</u> (2) I.D. Number					
(3) Cover Period	3/15/2019 I/through_	6/17/2019 //	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
6/17/2019 1	Daniels, Jack 16219 Shellcracker Rd Jax, Fl 32226	candidate loan repay	МО		\$104.84
//					
//					
_/ /					
11					
11					

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