	CAMPAIGN TREASURE	R'S REPORT SUMMARY			
(1)	Scott Wilson	OFFICE USE ONLY			
` '	Name	ONLINE SUBMISSION			
(2)	221 North Hogan Street # 614	[1184635]			
	Address (number and street)	Submitted on: 2/13/2019 14:43:14 (eastern)			
	Jacksonville, FL 32202	(eastern)			
	City, State, Zip Code				
	☐ Check here if address has changed	(3) ID Number: 900			
(4) Check appropriate box(es):					
	☐ Candidate Office Sought: City Council	District 4			
	Political Committee (PC)	□ ol - l l - '' po - 500 l - '' l - l - l			
	☐ Electioneering Communications Org. (ECO)☐ Party Executive Committee (PTY)	☐ Check here if PC or ECO has disbanded ☐ Check here if PTY has disbanded			
	☐ Independent Expenditure (IE) (also covers an	☐ Check here if no other IE or EC reports will be filed			
	individual making electioneering communications)	•			
	(5) Report	Identifiers			
Cove	er Period: From $1 / 12 / 2019$ To				
		ecial Election Report			
(6)	Contributions This Report	(7) Expenditures This Report			
		Monetary Expenditures \$, , 0 . 00			
Casi	h & Checks \$,,,	Expenditures \$, , 0 . 00			
Loar	ns \$, , 0.00	Transfers to			
Loai	, , ,	Office Account \$, , 0 . 00			
Tota	Il Monetary \$, , 0 . 00	, , , , <u></u> , <u></u>			
. 0.0	, monotary	Total Monetary \$, , 0 . 00			
In-Ki	ind \$, , 0.00	, , , , , , , , , , , , , , , , , , , ,			
	······································	(8) Other Distributions			
		\$, , 000_			
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date			
	\$	\$, <u>1</u> , <u>600</u> . <u>58</u>			
	(11) Cor	tification			
		on to falsify a public record (ss. 839.13, F.S.)			
Ιc	pertify that I have examined this report and it is true, corr	ect, and complete:			
	ype name)	(Type name)			
	Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)			
<u>X</u>		X			
Si	gnature	Signature			

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Scott Wilson				(2) I.D. Number900					
	1/12/2019		1	/25/2019					
(3) Cover Perio	od / /	thro	ough	<i>l l</i>	(4) Pag	e <u>1</u>	of		
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)		
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Contributor		Contribution Type	In-kind Description	Amendment	Amount		
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

Name Scott	1/12/2019	1/25/2019		2) I.D. Number	-	
Cover Period _	/th	rough//	(4) Page <u>1</u>	of _	0
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Street Address City, State, Zip C	Middle) (add o s & cont	(8) Purpose ffice sought if ribution to a andidate)	(9) Expenditure Type	(10)	(11)
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CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

(1)	Name	Scott Wilson	(2)	I.D. Number	900

Cover Period 1/12/2019 1/25/2019 1 of 1(3) (4) Page through (5) (7) (10)(11)(8) (9)**Date Full Name Purpose** (Last, Suffix, First, Middle) (add office sought if (6)Street Address & contribution to a Related Sequence Number Amendment City, State, Zip Code candidate) **Expenditures** Amount 1/15/2019 Lowe's, Add \$0.00 1 1/15/2019 Lowe's, sign 2019-F2-1 Add \$69.99 8054 Phillips Highway Jacksonville, FL 32256 ${\tt materials}$ 2