CAMPAIGN TREASURER'S REPORT SUMMARY							
(1)	Friends of Proven Leadership	OFFICE USE ONLY					
	Name	ONLINE SUBMISSION					
(2)	11109 Monarch Landing Dr.	Submitted on:					
	Address (number and street)	4/26/2019 13:58:08 (eastern)					
	Jacksonville, FL 32257						
	City, State, Zip Code						
	Check here if address has changed	(3) ID Number: 955					
(4)	Check appropriate box(es):						
	Candidate Office Sought:						
	<ul><li>☒ Political Committee (PC)</li><li>☐ Electioneering Communications Org. (ECO)</li></ul>	☐ Check here if PC or ECO has disbanded					
	Party Executive Committee (PTY)	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	dentifiers					
Cove	er Period: From 4 / 13 / 2019 To						
		ecial Election Report					
(6)	Contributions This Report	(7) Expenditures This Report					
(0)	Contributions This Report						
Cack	n & Checks \$ , 5 , 000 . 00	Monetary Expenditures \$ , , 0 . 00					
Casi	1 & Checks	,,,					
Loar	ns \$ , , 0.00	Transfers to					
		Office Account \$ , , 0 . 00					
Tota	I Monetary \$ , 5 , 000 . 00						
		Total Monetary \$ , , 0 . 00					
In-Ki	ind \$,,,000						
		(8) Other Distributions					
		\$ , , <u>0</u> . <u>00</u>					
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
(-)	\$,5_,29500_	\$ , , 0.00					
	· , <u></u> , <u></u> , <u></u>	, , ,					
		tification					
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:							
(T	ype name)	(Type name)					
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)					
Х		X					
	gnature	Signature					

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Friends of Proven	Leade	rship (2) I.D. Number			erg	955	
(3) Cover Perio	4/13/2019 od////	thro	ough	/19/2019 //_	(4) Pag	je <u>1</u>	of	
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	(8)  ontributor  Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12)	
4/13/2019 / /	Petway, Thomas F. 1601 Beach Avenue Atlantic Beach, FL 32233		executive	СН	Description		\$5,000.	
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DS-DE 13 (Rev. 11/13 )

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

) Name <u>Frien</u>	nds of Proven Leadership		PORT – ITEMIZED EXPENDITUR (2) I.D. Number			
) Cover Period _	4/13/2019 4/ / / through		1) Page1	of	0	
(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)	(11) Amount	
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