CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	John Turner	OFFICE USE ONLY								
` '	Name	ONLINE SUBMISSION								
(2)	4871 Greenland Hideaway Dr. North	[1237561]								
	Address (number and street)	Submitted on: 10/30/2020 18:02:39 (eastern)								
	Jacksonville, FL 32258	(eastern)								
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number:1002								
(4)	Check appropriate box(es):									
	☐ Candidate Office Sought: School Board	Dist 7								
	Political Committee (PC)	7 ol. 1 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		11 / 16 / 2020 Report Type: TRP								
<u> </u>	riginal Amendment Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Cash	n & Checks \$,, 0 . 00	Monetary Expenditures \$, , 0 . 00								
	Ф									
Loar	s \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$								
	Ф 0 00	Office Account \$, , , 0 . 00								
Tota	I Monetary \$, , 0 . 00	Total Manatany C								
	Φ 0.00	Total Monetary \$, , 0 . 00								
In-Ki	nd \$,,,0 . 00									
		(8) Other Distributions								
		\$, , <u>0</u> . <u>00</u>								
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
	\$, 2 , _500 00_	\$, <u>2</u> , <u>500</u> . <u>00</u>								
	(11) Cert									
	It is a first degree misdemeanor for any pers	• • • • • • • • • • • • • • • • • • • •								
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	John Turner				2) I.D. Numbe	er <u>1</u>	002
	8/14/2020		1	1/16/2020		1	0
(3) Cover Perio	od / /	thro	ough	<i>l l</i>	(4) Pag	e <u> </u>	of
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	Co	(8) ontributor	(9) Contribution	(10) In-kind	(11)	(12)
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
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1 1							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name John	Turner					(2) I.D. Nur	nber	-	1002	
	8/14/2	020		11/16/2	2020					
(3) Cover Period	I	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
10/30/2020	Turner, John Brian 4871 Greenland Hideaway Dr. North Jacksonville, Fl 32258	reimbursement of loan to self.	DI		\$108.94
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