	CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	Carter Jones	OFFICE USE ONLY							
•	Name	ONLINE SUBMISSION [1231832]							
(2)	3765 Lane Ave S.	Submitted on:							
	Address (number and street)	9/23/2020 20:55:41 (eastern)							
	Jacksonville, FL 32210  City, State, Zip Code								
	Check here if address has changed	(3) ID Number: 983							
(4)	Check appropriate box(es):								
	Candidate Office Sought: Soil & Water of Soil	Group 4							
	☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐	☐ Check here if PC or ECO has disbanded							
	Party Executive Committee (PTY)	☐ Check here if PTY has disbanded							
		Check here if no other IE or EC reports will be filed							
	individual making electioneering communications)								
	(5) Report	dentifiers							
Cove	er Period: From 9 / 5 / 2020 To	9 / 18 / 2020 Report Type: G3							
X O	riginal Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
(0)	Continuations This Report	Monetary							
Cash	n & Checks \$ , , 50 . 00	Expenditures \$ , , 25 . 62							
Ouc.	,,,,,,	· _ · _ · _ · _ · · _ · · _ · · _ · · _ · · _ · · _ · · _ ·							
Loar	ns \$,,, _000	Transfers to							
		Office Account \$ , , 0 . 00							
Tota	I Monetary \$ , , _50 . 00								
		Total Monetary \$ , , _25 . 62							
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							
	\$, <u>4</u> , <u>045</u> . <u>00</u>	\$, <u>2</u> , <u>698</u> . <u>89</u>							
	(11) Cert It is a first degree misdemeanor for any perso								
I certify that I have examined this report and it is true, correct, and complete:									
Certify that thrave examined this report and it is true, correct, and complete.									
	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	Carter Jones				2) I.D. Numbe	er g	83
	9/5/2020		9	/18/2020		-	1
(3) Cover Perio	od///	thro	ough	11_	(4) Pag	e	of
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Туре		Contribution Type	In-kind Description	Amendment	Amount
9/10/2020	Jones, Darin 2626 Caney Ct.		a/c maintenand	CA			\$50.0
1	Jacksonville, Fl 32218		e				
1 1							
1 1							
1 1							
1 1							
1 1							
1 1							
/ /							

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name _	Carter	Jones							 (2) I.D. Nur	nber	9	983	
		9/5/20	20			9/18	/202	20		-			
(3) Cover P	eriod	1	1	/	through	1		1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
Date (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
9/17/2020	Jenkins Quality Barbeque,  2025 Emerson St. Jacksonville, Fl 32207	food for volunteers	MO		\$25.62
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