

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Tom Bexley
 Name
 (2) PO Box 1931
 Address (number and street)
Bunnell, FL 32110
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1130714]
 Submitted on:
 10/14/2016 13:38:16 (eastern)

Check here if address has changed

(3) ID Number: 312

(4) Check appropriate box(es):

- Candidate Office Sought: Clerk of Court
- 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
- Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 10 / 1 / 2016 To 10 / 7 / 2016 Report Type: G4

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 0 . 00

Loans \$, , 0 . 00

Total Monetary \$, , 0 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, 2 , 204 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, 2 , 204 . 00

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 39 , 769 . 16

(10) TOTAL Monetary Expenditures To Date

\$, 28 , 724 . 48

(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) _____
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X _____
 Signature

(Type name) _____
 Candidate Chairperson (only for PC and PTY)

X _____
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Tom Bexley (2) I.D. Number 312

(3) Cover Period 10/1/2016 through 10/7/2016 (4) Page 1 of 0

| (5) Date | (7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | (8) Contributor Type Occupation | | (9) Contribution Type | (10) In-kind Description | (11) Amendment | (12) Amount |
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Tom Bexley

(2) I.D. Number 312

(3) Cover Period 10/1/2016 through 10/7/2016

(4) Page 1 of 1

| (5) Date | (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 |
|----------------------|--|--|----------------------------|-------------------|----------------|
| 10/2/2016 // 1 | Florida Hospital Flagler, Hwy 100 Palm Coast, FL 32164 | 5k | MO | | \$54.00 |
| 10/4/2016 // 2 | Marketing 2 go, 145 City Place ste.3 Palm Coast, FL 32164 | marketing | MO | | \$250.00 |
| 10/4/2016 // 3 | Curlytail Design, 82 Cole Place Palm Coast, FL 32137 | postage | MO | | \$1,900.00 |
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