

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Jason DeLorenzo
Name

(2) 39 Piedmont Dr
Address (number and street)

Palm Coast, Fl 32164
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
[1102607]

Submitted on:
4/11/2016 12:30:13 (eastern)

Check here if address has changed

(3) ID Number: 339

(4) Check appropriate box(es):

- Candidate Office Sought: County Commission District 1
- 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 3 / 1 / 2016 To 3 / 31 / 2016 Report Type: M3

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 \$, , 229 . 26

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 229 . 26

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 3 , 495 . 00

(10) TOTAL Monetary Expenditures To Date

\$, , 284 . 57

(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 Jason DeLorenzo (2) I.D. Number 339

(3) Cover Period 3/1/2016 through 3/31/2016 (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 Jason DeLorenzo

(2) I.D. Number 339

(3) Cover Period 3/1/2016 through 3/31/2016

(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
(6) Sequence Number					
3/23/2016 / /	Europa, New Europa 101 Palm Harbor Pkwy Palm Coast, FL 32137	campaign kick off event expenses	MO	Add	\$229.26
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