CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Bob Jones	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION [1192333]							
(2)	10 Hembury Ln	Submitted on:							
	Address (number and street) Palm Coast, FL 32137	10/1/2019 09:50:13 (eastern)							
	City, State, Zip Code								
	☐ Check here if address has changed	(3) ID Number: 459							
/ A\		(3) ID Nullibel							
(4)	Check appropriate box(es):	· Billion F							
		sion District 5							
	☐ 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							
	Individual making electioneering communications,								
	(5) Report	l Identifiers							
Cove	er Period: From 9 / 1 / 2019 To	9 / 30 / 2019 Report Type: M9							
X O	original Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Casl	h & Checks \$, , 0 . 00	Monetary							
Loar	s , , , 0 . <u>00</u>	Transfers to Office Account \$, , 0 . 00							
Tota	Il Monetary \$, , , 000	Total Monetary \$, , 29 . 00							
In-Ki	ind \$,,,								
		(8) Other Distributions							
		\$,, <u>0</u> . <u>00</u>							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
	\$, _ <u>1</u> , <u>000</u> . <u>00</u>	\$, , <u>58</u> . <u>00</u>							
	(11) Cert It is a first degree misdemeanor for any pers	tification on 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		×							
	gnature	Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Bob Jones				2) I.D. Numbe	er <u>4</u>	59
	9/1/2019		9	/30/2019		1	1
(3) Cover Peri	od//	thro	ough	11_	(4) Pag	e <u> </u>	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	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
9/18/2019	Jones, Bob 10 Hembury Lane Palm Coast, FL 32137	I		IK	turned-in 76 candidate petition		\$7.6
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Bob Jones					 (2) I.D. Nur	nber	459			
		9/1/20	19		9/30/20)19	**				
(3) Cover Po	eriod	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
9/15/2019	Jones, Bob 10 Hembury Lane palm coast, FL 32137	monthly fee for campaign partner	MO		\$29.00
1				-	
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35					
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DS-DE 14 (Rev	<u>.</u>	•	•	•	