

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Bob Jones
 Name
 (2) 10 Hembury Ln
 Address (number and street)
Palm Coast, FL 32137
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1216021]

Submitted on:
 7/12/2020 14:06:10 (eastern)

Check here if address has changed (3) ID Number: 459

(4) Check appropriate box(es):

Candidate Office Sought: County Commission District 5

Political Committee (PC) Check here if PC or ECO has disbanded

Electioneering Communications Org. (ECO) Check here if PTY has disbanded

Party Executive Committee (PTY) Check here if no other IE or EC reports will be filed

Independent Expenditure (IE) (also covers an individual making electioneering communications)

(5) Report Identifiers

Cover Period: From 6 / 27 / 2020 To 7 / 10 / 2020 Report Type: P3

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 \$, , 219 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 219 . 00

(8) Other Distributions
 \$, , 0 . 00

(9) TOTAL Monetary Contributions To Date
 \$, 20 , 000 . 00

(10) TOTAL Monetary Expenditures To Date
 \$, , 674 . 30

(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 Bob Jones (2) I.D. Number 459

(3) Cover Period 6/27/2020 through 7/10/2020 (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 Bob Jones

(2) I.D. Number 459

(3) Cover Period 6/27/2020 through 7/10/2020

(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					
7/9/2020 //	observer, palm coast observer palm coast, Fl 32135	political elect bob jones commissioner.	MO		\$219.00
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