CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) Bob Jones	OFFICE USE ONLY							
Name	ONLINE SUBMISSION [1222184]							
(2) <u>10 Hembury Ln</u> Address (number and street)	Submitted on:							
Address (number and street) Palm Coast, FL 32137	8/1/2020 02:35:26 (eastern)							
City, State, Zip Code								
Check here if address has changed	(3) ID Number: 459							
(4) Check appropriate box(es):								
 Candidate Office Sought: <u>County Commission District 5</u> Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if PTY has disbanded Check here if no other IE or EC reports will be filed 								
(5) Report Identifiers								
Cover Period: From 7 / 25 / 2020 To	2 7 / <u>31</u> / <u>2020</u> Report Type: <u>P6</u>							
Image: Special Election Report								
(6) Contributions This Report	(7) Expenditures This Report							
Cash & Checks \$, , , 000	Monetary Expenditures \$,, 268 . 00							
Loans \$,, <u>0</u> .00	Transfers to Office Account \$							
Total Monetary \$	Total Monetary \$,, <u>268</u> . <u>00</u>							
······································	(8) Other Distributions							
	\$,, <u>0</u> . <u>00</u>							
(9) TOTAL Monetary Contributions To Date \$,20_,00000_	(10) TOTAL Monetary Expenditures To Date \$,1 ,21030_							
(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)	(Type name)							
☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)							
X	x							
Signature	Signature							

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name				(2) I.D. Number					
	7/25/2020			/31/2020					
(3) Cover Perio	od/ /	thro	bugh	1 1	(4) Paq	e 1	of ⁰		
					_ () 0	1 1 1			
(5)	(7)		(8)	(9)	(10)	(11)	(12)		
Date	Full Name		0		(Carrier)				
(6)	(Last, Suffix, First, Middle)								
Sequence	Street Address &	C	ontributor	Contribution	In-kind				
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount		
	1			5.316					
1 1									
	-								
1 1	-								
1 1	-								
		5	-						
1 1									
1 1									
1 1									
	-								
1 1									
1 1									

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Bob	Jones	CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (2) I.D. Number 459							
(3) Cover Perio	7/25/2020 d/through	7/31/2020	4) Page <u>1</u>	of	1				
(5) Date (6) Sequence Number	(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				
7/29/2020	Palm Coast, Observer P.O. Box LLC PALM COAST, FL 3135	political ad 4 commissioner.	МО		\$219.00				
7/30/2020 /// 2	Campaign web-site, Jones 10 hembury Lane palm coast, FL 32137	campaign monthly web-site.	MO		\$49.00				
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_/ /									
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