CAMPAIGN TREASURER'S REPORT SUMMARY									
Bob Jones	OFFICE USE ONLY ONLINE SUBMISSION								
	[1239293]								
	Submitted on:								
,	11/16/2020 11:20:16 (eastern)								
									
☐ Check here if address has changed	(3) ID Number: 459								
Check appropriate box(es):									
(4) Check appropriate box(es): X Candidate Office Sought: County Commission District 5 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								
er Period: From 8 / 14 / 2020 To	11 / 16 / 2020 Report Type: TRP								
riginal Amendment Spe	ecial Election Report								
Contributions This Report	(7) Expenditures This Report								
n & Checks \$, , ,000	Monetary								
s \$,, <u>0</u> .00	Transfers to Office Account \$, , , 0 · 00								
	Total Monetary \$, _18 , 570 . 70								
iu	(8) Other Distributions \$, , 000_								
(9) TOTAL Monetary Contributions To Date \$\\ \begin{array}{cccccccccccccccccccccccccccccccccccc									
(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									
gnature	X Signature								
n 1 1	Name 10 Hembury Ln Address (number and street) Palm Coast, FL 32137 City, State, Zip Code Check here if address has changed Check appropriate box(es): Candidate Office Sought: County Commis Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications) (5) Report Perriod: From 8 / 14 / 2020 To Figinal Amendment Specification Sp								

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Bob Jones				2) I.D. Numbe	r 4	59
	8/14/2020		1	1/16/2020			
(3) Cover Perio	od//	thro	ough	11_	(4) Page	1	of
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
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DS-DE 13 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	3ob	Jones	3		 				 (2) I.D. Nur	nber		459	
		8/	14/2	020		11/	/16/2	2020					
(3) Cover Pe	erio	t	1	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
11/16/2020	Jones, Bob 10 Hembury Lane Palm Coast, FL 32137	refund unused portion of candidate loan to campaign	МО		\$18,570.70
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DS-DE 14 (Rev.	11/13				