	CAMPAIGN TREASURE	R'S REPORT SUMMARY					
(1)	Jarrod Taylor Maxwell	OFFICE USE ONLY					
•	Name	ONLINE SUBMISSION					
(2)	15 Freeman Ln	Submitted on:					
	Address (number and street)	8/14/2020 14:17:45 (eastern)					
	Palm Coast, FL 32137						
	City, State, Zip Code						
	Check here if address has changed	(3) ID Number:540					
(4)	Check appropriate box(es):						
	☐ Candidate Office Sought: Palm Coast City Council Member Seat 2						
	Political Committee (PC)						
		☐ Check here if PC or ECO has disbanded☐ Check here if PTY has disbanded					
		☐ Check here if no other IE or EC reports will be filed					
	individual making electioneering communications)	-					
	(E) Donort	11 49					
_	• • •	Identifiers					
Cove	er Period: From 8 / 1 / 2020 To	8 / 13 / 2020 Report Type: _ <u>P7</u>					
X O	Original Amendment Spe	ecial Election Report					
(6)	Contributions This Report	(7) Expenditures This Report					
		Monetary					
Cash	h & Checks \$, , <u>100</u> . <u>00</u>	Expenditures \$, , 0 . 00					
707	Φ 0.00						
Loar	ns \$,, <u>0</u> . <u>00</u>	Transfers to					
	100 00	Office Account \$, , , 0 . 00					
Tota	Il Monetary \$, , <u>100</u> . <u>00</u>	Total Manatany d					
	0.00	Total Monetary \$, , 0 . 00					
In-Ki	ind \$,,, <u>0</u> . <u>00</u>						
		(8) Other Distributions					
		\$,, <u>0</u> . <u>00</u>					
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
	\$,, <u>100</u> . <u>00</u>	\$, , 0 . 00					
	(11) Cert						
	It is a first degree misdemeanor for any person						
Ιc	certify that I have examined this report and it is true, corre	ect, and complete:					
(T	ype name)	(Type name)					
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)					
х		X					
	gnature	Signature					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name									
8/1/2020			8/13/2020			1			
(3) Cover Perio	od / /	through	_	(4) Pag	e	of			
(5) Date	(7) Full Name	(8)	(9)	(10)	(11)	(12)			
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Contributor Type Occupation		In-kind Description	Amendment	Amount			
8/4/2020 /	Hermanni, Robert L 1461 Elizabeth Ave Whiting , NJ 08759	I	СН			\$100.0			
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ن) Name <u>Jarroo</u>	AMPAIGN TREASURER'S F	(2	2) I.D. Numbe		540
3) Cover Period _	8/1/2020 8/ /through	/13/2020 _///(4	1) Page <u>1</u>	of _	0
(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)	(11) Amount
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