	CAMPAIGN TREASURE	ER'S REPORT SUMMARY							
(1)	Bob Coffman	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION							
(2)	21 Fletcher Ct	Submitted on:							
	Address (number and street)	10/9/2020 00:16:14 (eastern)							
	Palm Coast, FL 32137								
	City, State, Zip Code								
	Check here if address has changed	(3) ID Number:541							
(4)	Check appropriate box(es):								
	☐ Candidate Office Sought: Palm Coast Ci	ty Council Member Seat 2							
	<ul><li>☐ Political Committee (PC)</li><li>☐ Electioneering Communications Org. (ECO)</li></ul>	☐ Check here if PC or ECO has disbanded							
		☐ Check here if PTY has disbanded							
	Independent Expenditure (IE) (also covers an	☐ Check here if no other IE or EC reports will be filed							
	individual making electioneering communications)								
	(5) Report	t Identifiers							
Cov	er Period: From 9 / 19 / 2020 To								
		ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
		Monetary							
Casl	h & Checks \$ , , 0 . 00	Expenditures \$ , , <u>893</u> . <u>00</u>							
1 001	\$ 0 00	Transfers to							
Loar	ns \$,, <u>0</u> . <u>00</u>	Office Account \$ , , 0 . 00							
Tota	al Monetary \$ , , 0.00	,,,							
TULA	i Worletary , , ,	Total Monetary \$ , ,893 . 00							
In-Ki	ind \$ , , 0.00	, , ,							
HEN	, , , , , , , , , , , , , , , , , , ,	(8) Other Distributions							
	,	\$,							
		,,,							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
	\$, <u>4</u> , <u>642</u> . <u>19</u>	\$, <u>1</u> , <u>949</u> . <u>00</u>							
	(44) Cod	00 0 0 2 2							
	(11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)								
١c	certify that I have examined this report and it is true, corn								
T. T									
	ype name)	(Type name)							
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)							
X		<u>X</u>							
Si	ignature	Signature							

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name	Bob Coffman			(2) I.D. Number							
	9/19/2020		1	0/2/2020							
(3) Cover Perio	od//	thro	ough	<i>I I</i>	(4) Pag	e	of				
				r s	ſ						
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)				
(6)	(Last, Suffix, First, Middle)										
Sequence	Street Address &	Co	ontributor	Contribution	In-kind						
Number	City, State, Zip Code	Туре	Occupation	Туре	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	Coffi	nan							 (2) I.D. Nu	mber	Ţ	541	
		9/	19/2	020			10/2	2/20	20					
(3) Cover P	erio	d	1	1	thr	ouah		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
9/25/2020	Observer Media Group, 1 Florida Park Dr N #103 Palm Coast, FL 32137	advertising	MO		\$608.00
9/23/2020	Capitol Promotions, Inc, 2362 Oakdale Ave Glenside, PA 19038	advertising, yard signs	MO		\$285.00
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