CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Robert B Clemons	OFFICE USE ONLY						
Name	ONLINE SUBMISSION [1163567]						
(2) <u>3760 SW 65th St</u> Address (number and street)	Submitted on:						
Trenton, Fl 32693	7/28/2018 09:15:52 (eastern)						
City, State, Zip Code							
Check here if address has changed	(3) ID Number: <u>186</u>						
(4) Check appropriate box(es):							
Candidate Office Sought: Co Commission	ner Dist 2						
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							
Cover Period: From 7 / 7 / 2018 To	7 / <u>20</u> / <u>2018</u> Report Type: <u>P3</u>						
☑ Original ☐ Amendment ☐ Sp	ecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
	Monetary						
Cash & Checks \$, , , 00	Expenditures \$, , <u>50</u> . <u>00</u>						
Loans \$,,0.00	Transfers to						
	Office Account , , 0 . 00						
Total Monetary \$,,,0 00							
	Total Monetary \$, , <u>50</u> . <u>00</u>						
In-Kind \$,, 00							
	(8) Other Distributions						
	\$,, <u>0</u> . <u>00</u>						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$, <u>1</u> , <u>100</u> . <u>00</u>	\$,, <u>874</u> . <u>64</u>						
(11) Cer	tification						
(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	Candidate Chairperson (only for PC and PTY)						
or electioneering comm.)							
X	<u>X</u>						
Signature	Signature						

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Robert B Clemons	(2) I.D. Number					86	
	7/7/2018			7/20/2018				
(3) Cover Peri	od / /	thro	ough	11	(4) Page	e	of	
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)	
Sequence	Street Address &	C	ontributor	Contribution	In-kind			
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount	
1 1	-							
1 1	_							
1 1								
1 1	-							
1 1	_							
1 1	-							
1 1	-							
1 1	_							

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Robe		NDITURES umber ¹⁸⁶			
(3) Cover Period	7/7/2018 I//through	7/20/2018	4) Page <u>1</u>	of_	1
(5) Date	(7) Full Name	(8) Purpose	(9)	(10)	(11)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
7/19/2018	Gilchrist County, School Board 307-A Trenton, FL 32693	back to school donation	МО		\$50.00
//					
_/ /					
_ / /					
//					
11					
11					
11					

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