CAMPAIGN TREASUR	ER'S REPORT SUMMARY
(1) Augustus Aikens Jr Name	OFFICE USE ONLY ONLINE SUBMISSION
(2) P.O. Box 14272	[1177891]
Address (number and street)	Submitted on:
Tallahassee, FL 32317	10/31/2018 23:22:26 (eastern)
City, State, Zip Code	
Check here if address has changed	(3) ID Number:506
(4) Check appropriate box(es):	
 \(\text{Z candidate} \) Office Sought: \(\text{Deen County} \) \(\text{Political Committee (PC)} \) \(\text{Electioneering Communications Org. (ECO)} \) \(\text{Party Executive Committee (PTY)} \) \(\text{Independent Expenditure (IE) (also covers an individual making electioneering communications)} \) \(\text{Political County} \) 	
(5) Repo	ort Identifiers
Cover Period: From <u>5</u> / <u>4</u> / <u>2018</u> To	o 10 / 2 / 2018 Report Type: T1
☐ Original Amendment ☐ S	pecial Election Report
(6) Contributions This Report	(7) Expenditures This Report
Cash & Checks \$, , _10 . 00	Monetary
Loans \$,,,000	Transfers to Office Account \$, , 0 . 00
Total Monetary \$	Total Monetary \$, , _10 . 00
In-Kind \$,,	(0) 01 51 11 11
	(8) Other Distributions \$, , 000_
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date
\$, <u>9</u> , <u>140</u> . <u>00</u>	\$, <u>9</u> , <u>140</u> . <u>00</u>
	ertification rson to falsify a public record (ss. 839.13, F.S.) prrect, and complete: (Type name) Candidate Chairperson (only for PC and PTY)
x	X
Signature	Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Augustus Aikens Jr				2) I.D. Numbe	er <u> </u>	06
	5/4/2018		1	0/2/2018		_	_
(3) Cover Peri	od / /	thro	ough	<i>I I</i>	(4) Pag	je <u> </u>	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
9/20/2018	Aikens, Jr., Augustus Davis P.O. Box 14272		candidate	CA	Везоприон	Add	\$10.0
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Augustus	Aiker	ıs Jr				 (2) I.D. Num	nber	5	506	and an artist of the second
	5,	/4/201	8		10/2/20	18					
(3) Cover P	eriod	1	1	through	1	1	(4) Page	1	of	1	

(5) Date Full Name (Last, Suffix, First, Middle) Sequence Number City, State, Zip Code 8/31/2018 Capital City Bank, P. O. Box 900 Tallahassee, F1 32301 (8) Purpose (add office sought if contribution to a candidate) Expendit Type	Amendment Add	Amount \$10.00
P. 0. Box 900 charge	Add	\$10.00
1		
DS-DE 14 (Rev. 11/13.)		