CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	Howard Font	OFFICE USE ONLY						
	Name	ONLINE SUBMISSION						
(2)	446 Conradi St Apt D101	Submitted on:						
	Address (number and street)	7/17/2017 12:01:56 (eastern)						
	Tallahassee, FL 32304							
	City, State, Zip Code							
	Check here if address has changed	(3) ID Number: 429						
(4)	Check appropriate box(es):							
	Candidate Office Sought: Leon County C	Commission - District 2						
	Political Committee (PC)	Check here if BC or ECO has disharded						
	☐ Electioneering Communications Org. (ECO)☐ Party Executive Committee (PTY)	☐ 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) Repor	t Identifiers						
Cove	er Period: From 8 / 26 / 2016 To	9 / 2 / 2016 Report Type: G1						
		ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
		Monetary						
Cash	n & Checks \$, , 0 . 00	Expenditures \$, -1 , 545 . 96						
Loar	ns \$,, <u>0</u> . <u>00</u>	Transfers to						
		Office Account \$, , , 0 . 00						
Tota	I Monetary \$, ,0 . <u>00</u>							
		Total Monetary \$,1 , <u>545</u> . <u>96</u>						
In-Ki	nd \$, , 0 . <u>00</u>							
		(8) Other Distributions						
		\$,, <u>0</u> . <u>00</u>						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$,3_, 748. 00	\$, 3, 800. 70						
(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:								
_(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	Howard Font				2) I.D. Numbe	er <u>4</u>	29
(3) Cover Perio	8/26/2016 od////	thro	ough	/2/2016 ///	(4) Pag	je <u>1</u>	of
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	(8)		(9)	(10)	(11)	(12)
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Allendment	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) NameHC	ward	Font					 (2) I.D. Nun	nber	4	429	
		8/26/2	016		9/2/201	.6		-			
(3) Cover Per	riod	I	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(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
9/1/2016	Rinaldi, Marie 5279 Isla Key Blvd Unit 311 St. Petersburg, FL 33715	refunded contributions to donors.	RM	Delete	\$1,740.00
9/1/2016	Rinaldi, Marie 5279 Isla Key Blvd Unit 311 St. Petersburg, FL 33715	refunded contributions to donors.	RM	Add	\$174.00
9/1/2016	Font, Howard 466 Conradi Street Tallahassee, FL 32301	pay back unused loan funds from canddiate	RM	Delete	\$137.92
9/1/2016	Font, Howard 466 Conradi Street Tallahassee, FL 32301	pay back unused loan funds from canddiate	RM	Add	\$157.96
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