	CAMPAIGN TREASURE	R'S REPORT SUMMARY						
(1)	John Paul Bailey	OFFICE USE ONLY						
	Name	ONLINE SUBMISSION [1121055]						
(2)	PO Box 982	Submitted on:						
	Address (number and street) Tallahassee, FL 32302	8/18/2016 12:16:37 (eastern)						
	City, State, Zip Code	<del></del>						
	☐ Check here if address has changed	(3) ID Number: 480						
(4)		(3) ID Number.						
(4)	Check appropriate box(es):	Callaghan						
	<ul><li></li></ul>	ax Collector						
	☐ 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						
	marvidual making electioneering communications)							
	(5) Report	Identifiers						
Cove	er Period: From $8 / 6 / 2016$ To	8 / 12 / 2016 Report Type: P6						
X O	original Amendment Spe	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
		Monetary						
Casl	h & Checks \$ , , <u>850</u> . <u>00</u>	Expenditures \$ , , <u>591</u> . <u>25</u>						
	000							
Loar	s , , , , 0 . <u>00</u>	Transfers to Office Account \$						
<b>-</b> .	<b>\$</b> 950 00	Office Account \$ , , , 0 . 00						
Tota	Monetary \$,, <u>850</u> . <u>00</u>	Total Monetary \$ , 591 . 25						
L 12:	\$ 423 04	Total Monetary \$ , , <u>591</u> . <u>25</u>						
In-Ki	ind \$, <u>423</u> . <u>04</u>	(0) Others Distributions						
		(8) Other Distributions \$ , , 0.00						
- W. Sanaha		\$,, <u>0</u> . <u>00</u>						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$	\$						
	(44)							
		tification on to falsify a public record (ss. 839.13, F.S.)						
Ιc	pertify that I have examined this report and it is true, corr	rect. and complete:						
<u> </u>	ype name)	(Type name)						
	Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)						
v		V						
X Si	gnature	X Signature						
UI!	gridiaio	i oignaturo						

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

(1) Name <sub>JO</sub>	hn Paul Ba	ilev		(2) I.D. Number 480							
	8/6/201	б		8/12/	2016						
(3) Cover Period	1	1	through	1	1	(4) Page	1	of	2		

(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle) Street Address &	(8)		(9)	(10)	(11)	(12)
Sequence Number	City, State, Zip Code	Туре	Occupation	Contribution Type	In-kind Description	Amendment	Amount
8/10/2016	Hunt, Jr., John E. 1650 Baum Road Tallahassee, FL 32317		insurance	СН	Becampion		\$200.00
8/8/2016 / /	Bailey, John Paul P. O. Box 982 Tallahassee, FL 32302	S	candidate	IK	office printer ink		\$136.49
8/7/2016	Bailey, John Paul P. O. Box 982 Tallahassee, FL 32302	S	office supplies	IK	trimmer and stamps		\$173.69
8/8/2016 / /	Bailey, John Paul P. O. Box 982 Tallahassee, FL 32302	S	candidate	IK	printer ink		\$112.86
8/8/2016 / /	Brock, Conway 2626 Noble Drive Tallahassee, FL 32308	I	retired	СН			\$100.00
5 8/11/2016 / /	Gavalas, Mike 548 Moss ViewWay Tallahassee, FL 32312	I	retail business owner	СН			\$100.00
8/11/2016 / /	Fish, Kenneth G. P. O. Box 583 Eastpoint, FL 32328	I	bldg supply owner	СН			\$250.00
8/12/2016 / /	Welch, J. Andy 9078 Foxwood Drive, N. Tallahassee, FL 32309	I	retired	СН			\$100.00
0							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	John Paul Bailey	(2) I.D. Number 480								
	8/6/2016		8	/12/2016						
(3) Cover Perio	od / /	thro	ough	<i>I I</i>	(4) Page	e <u>2</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		ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount			
8/12/2016	Woodard, Jr., L. A.		retired	СН			\$100.0			
9	9983 Buck Point Tallahassee, FL 32312									
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1 1										
f I										
1 1										
DS-DE 13 (Rev. 11/1	3 )	SEE RE	VERSE FOR I	NSTRUCTIONS	AND CODE VAL	UES				

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

(1) Name	John	Paul	Bai	ley				 (2) I.D. Nur	nber	4	480	
		8/6	/201	.6		8/12/	2016		-			
(3) Cover Po	eriod		1	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
Date (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
8/12/2016	The Sign Shop, 1514 Chinnapakin Nene Tallahassee, FL 32301	signs	MO		\$591.25
1	Tallanassee, FL 32301				
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