CAMPAIGN TREASURER'S REPORT SUMMARY							
(1)	Jeff Hendry	OFFICE USE ONLY					
	Name	ONLINE SUBMISSION					
(2)	1400 Village Square Blvd. Ste 3-277	Submitted on:					
	Address (number and street)	1/6/2020 09:39:00 (eastern)					
	Tallahassee, FL 32312  City, State, Zip Code						
	Check here if address has changed	(3) ID Number: 585					
(A)	_	(3) 12 Number					
(4)	Check appropriate box(es):  Candidate Office Sought: Leon County Commission - At Large, Group 1  Political Committee (PC)  Electioneering Communications Org. (ECO)  Party Executive Committee (PTY)  Independent Expenditure (IE) (also covers an individual making electioneering communications)  Check here if PC or ECO has disbanded  Check here if PTY has disbanded  Check here if no other IE or EC reports will be filed						
	(5) Report	dentifiers					
	er Period: From $12 / 1 / 2019$ To	12 / 31 / 2019 Report Type: 19M12					
<u> </u>	riginal Amendment Sp	ecial Election Report					
(6)	Contributions This Report	(7) Expenditures This Report					
Casl	n & Checks \$ , , 0 . <u>00</u>	Monetary					
Loar		Transfers to Office Account \$ , , , 0 . 00					
Tota	I Monetary \$ , ,000	Total Manatany (f)					
In-Ki	nd \$,, <u>0</u> .00	Total Monetary \$ , , 0 . 00					
		(8) Other Distributions \$ , , <u>0</u> 00_					
(9)	<b>TOTAL Monetary Contributions To Date</b> \$	(10) TOTAL Monetary Expenditures To Date \$ , 8 ,72585					
(T		tification son to falsify a public record (ss. 839.13, F.S.) rect, and complete:  (Type name)  Candidate Chairperson (only for PC and PTY)					
X	gnature	X Signature					
	unature	i Siunaluit					

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

(1) Name				(2) I.D. Number				
	12/1/2019		1	2/31/2019				
(3) Cover Perio	od / /	thro	ough	<i>l l</i>	(4) Pag	è <u>1</u>	of	
(5)	(7)		(8)	(9)	(10)	(11)	(12)	
Date	Full Name							
(6)	(Last, Suffix, First, Middle)							
Sequence	Street Address &		ontributor	Contribution	In-kind	A manual alaman b	A	
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount	
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

) Name <u>Jeff</u>	10/1/0010	10/21/0010	(2) I.D. Numbe	n	585
) Cover Period	12/1/2019 /through	12/31/2019 //	(4) Page1	of	0
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	(8) Purpose (add office sought if contribution to a	Expenditure	(10)	(11)
Number / /	City, State, Zip Code	candidate)	Туре	Amendment	Amount
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## **CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS**

(1) Name Jeff Hendry (2)			I.D. Number	5	
(3) Cover Period throu		ough12/31/2019	(4) Page	e1 of1	
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9)  Related  Expenditures	(10) Amendment	(11) Amount
12/6/2019	COSTCO, 4067 Lagniappe Way TALLAHASSEE, FL 32317	food and beverage		Add	\$175.34
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