

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Joseph West  
 Name

(2) PO Box 181284  
 Address (number and street)  
Tallahassee, FL 32318  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1148883]

Submitted on:  
 2/6/2018 09:21:04 (eastern)

Check here if address has changed

(3) ID Number: 511

(4) Check appropriate box(es):

- Candidate Office Sought: Tallahassee City Commission - Seat 4/Mayor
- 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 1 / 1 / 2018 To 1 / 31 / 2018 Report Type: M1

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$        ,        , 0 . 00

Loans \$        ,        , 0 . 00

Total Monetary \$        ,        , 0 . 00

In-Kind \$        ,        , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures \$        ,        , 0 . 00

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 0 . 00

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        , 1 , 440 . 00

### (10) TOTAL Monetary Expenditures To Date

\$        , 1 , 255 . 71

### (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) \_\_\_\_\_  
 Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

X \_\_\_\_\_  
 Signature

(Type name) \_\_\_\_\_  
 Candidate  Chairperson (only for PC and PTY)

X \_\_\_\_\_  
 Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Joseph West (2) I.D. Number 511

1/1/2018 through 1/31/2018

(3) Cover Period \_\_\_\_ / \_\_\_\_ / \_\_\_\_ through \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (4) Page 1 of 0

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type      Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Joseph West

(2) I.D. Number 511

(3) Cover Period 1/1/2018 through 1/31/2018

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
1/24/2018 //	Capital City Bank , Post 3815 North Monroe Street Tallahassee, Fl 32303	harland clark ck bk	MO	Add	\$39.65
1					
1/2/2018 //	Capital City Bank , Post 3815 North Monroe Street Tallahassee, Fl 32303	bank service chg	MO	Add	\$10.00
2					
1/2/2018 //	Capital City Bank , Post Lake Jackson Office Tallahassee, Fl 32303	service chg	MO	Delete	\$10.00
3					
1/24/2018 //	Capital City Bank, Post Lake Jackson Office Tallahassee, Fl 32303	harland clark ck bk	MO	Delete	\$39.65
4					
1/2/2018 //	Capital city Bank, 3815 No Monroe St Tallahassee, Fl 32303	bank fees	MO	Delete	\$0.00
5					
1/24/2018 //	Capital City Bank, Post Capital City 3815 No Monroe St Tallahassee, Fl 32303	check book	MO	Delete	\$0.00
6					
//					
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