

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
[1171342]

Submitted on:
9/6/2018 09:02:57 (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 8 / 28 / 2018 To 11 / 26 / 2018 Report Type: T3

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 \$, , 633 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 633 . 00

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 6 , 130 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 6 , 130 . 31

(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

8/28/2018 through 11/26/2018

(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 8/28/2018 through 11/26/2018

(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
8/31/2018 //	Tallahassee Reports-Red Hills, 3048 Waterford Dr Tallahassee, Fl 32309	1/2 page ad for web site	MO		\$190.00
1					
8/31/2018 //	Capital City Bank, 3815 No Monroe St Tallahassee, Fl 32303	bank fees	MO		\$10.00
2					
9/4/2018 //	West, Joe POB 181284 Tallahassee, Fl 32318	return of loan to joe west	MO		\$433.00
3					
//					
//					
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