	CAMPAIGN TREASURE	R'S REPORT SUMMARY					
(1)	Darryl Jones	OFFICE USE ONLY					
	Name	ONLINE SUBMISSION [1168876]					
(2)	324 Chastain Lane	Submitted on:					
	Address (number and street)	8/21/2018 16:40:46 (eastern)					
	Tallahassee, FL 32305						
	City, State, Zip Code						
	Check here if address has changed	(3) ID Number: 553					
(4)	Check appropriate box(es):						
	☐ Candidate Office Sought: Leon County St	chool Board - District 3					
	☐ 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	Check here if no other IE or EC reports will be filed					
	individual making electioneering communications)						
	(5) Report	Identifiers					
Cove	er Period: From 7 / 28 / 2018 To	8 / 3 / 2018 Report Type: P5					
□ 0		ecial Election Report					
(6)	Contributions This Report	(7) Expenditures This Report					
(-)	Control of the Nopel	Monetary					
Cash	n & Checks \$, , 0 . 00	Expenditures \$, , 0 . 00					
Loar	ns \$,,,000	Transfers to					
		Office Account \$, , , 0 . 00					
Tota	I Monetary \$, , 000						
		Total Monetary \$, , 0 . 00					
In-Kind \$, , 0 . 00							
		(8) Other Distributions					
		\$, , <u>0</u> . <u>00</u>					
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
	\$, <u>24</u> , <u>357</u> . <u>87</u>	\$, <u>20</u> , <u>540</u> . <u>41</u>					
	(11) Cert It is a first degree misdemeanor for any pers						
Lo		, , , ,					
I certify that I have examined this report and it is true, correct, and complete:							
	ype name)	(Type name)					
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)					
Х		×					
	gnature	Signature					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Darryl Jones		(2) I.D. Number				
	7/28/2018 od///	8	3/3/2018	(4) Pa	ge <u>1</u>	of	
(5) Date (6) Sequence Number	(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)	(12) Amount	
7/28/2018	Scott , LAUREATTE 613 Famcee Avenue TALLAHASSE, FL 32310	I state employee	СН		Delete	\$150.0	
7/28/2018 / /	Scott , LAUREATTE 613 Famcee Avenue TALLAHASSE, FL 32310	I interim dir.acad.a ffairs	CH a		Add	\$150.0	
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Darryl	Jones		700	111-0111-0111-0111-0111-011-011-011-011	100-100	(2) I.D. Nun	nber_	ļ	553	20
(3) Cover Period _	7/28/2	018	through_	8/3/201 /	.8 /	(4) Page	1	of	0	

(5) Date	(7)	(8)	(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
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