CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) Lynn Jones	OFFICE USE ONLY							
Name	ONLINE SUBMISSION							
(2) <u>3211 Notre Dame St</u>	Submitted on:							
Address (number and street) Tallahassee, FL 32305	7/26/2018 10:08:12 (eastern)							
City, State, Zip Code								
Check here if address has changed	(3) ID Number: 554							
(4) Check appropriate box(es):								
Candidate Office Sought: Leon County S	School Board - District 3							
Political Committee (PC)								
Electioneering Communications Org. (ECO) Party Executive Committee (PTY)	☐ Check here if PC or ECO has disbanded ☐ Check here if PTY has disbanded							
Party Executive Committee (FTT) 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								
Cover Period: From 7 / 7 / 2018 To	7 / 20 / 2018 Report Type: P3							
☐ Original	becial Election Report							
(6) Contributions This Report	(7) Expenditures This Report							
	Monetary							
Cash & Checks \$, , , 000	Expenditures \$, , , 0 . 00							
\$ 0.00	Transform							
Loans \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$,,,							
Total Monetary \$, , 0.00								
	Total Monetary \$, , 0 . 00							
In-Kind \$,,0.00	· · · · · · · · · · · · · · · · · · ·							
	(8) Other Distributions							
	\$,,000							
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
\$,, <u>470</u> . <u>00</u>	\$,,,34							
(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)	(Type name)							
or electioneering comm.)								
X	x							
Signature	Signature							

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name				(2) I.D. Number554					
	7/7/2018			7/20/2018					
(3) Cover Perio	od / /	thro	ough	11	(4) Page	e <u> </u>	of		
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)		
Sequence	Street Address &	C	ontributor	Contribution	In-kind				
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount		
/ /									
1 1									
1 1									
1 1									
1 1									
1 1									
1 1									
1 1									

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Lynn	CAMPAIGN TREASURER'	() EXPENDIT 2) I.D. Number		554	
(3) Cover Period	7/7/2018 I/through_	7/20/2018	4) Page <u>1</u>	of	1	
(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) Expenditure Type	(10) Amendment	(11) Amount	
	Leola's Crab Shack, 716 West Orange Avenue Tallahassee, FL 32310	campaign exposure	MO	Delete	\$0.00	
_/ /						
_/ /						
_ / /						
_ / _						
_ / /						

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