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	8/2/2018 21:47:57 (eastern)						
City, State, Zip Code	—						
Check here if address has changed	(3) ID Number: 554						
(4) Check appropriate box(es):							
<ul> <li>☑ Candidate Office Sought: <u>Leon County S</u></li> <li>☑ Political Committee (PC)</li> </ul>	chool Board - District 3						
<ul> <li>Electioneering Communications Org. (ECO)</li> <li>Party Executive Committee (PTY)</li> <li>Independent Expenditure (IE) (also covers an individual making electioneering communications)</li> <li>Check here if PC or ECO has disbanded</li> <li>Check here if PTY has disbanded</li> <li>Check here if no other IE or EC reports will be filed</li> </ul>							
(5) Report Identifiers							
Cover Period: From 7 / 21 / 2018 To	7/ <u>27/ 2018</u> Report Type: <u>P4</u>						
☐ Original ☐ Amendment ☐ Spe	ecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
Cash & Checks \$ , , , 000	Monetary Expenditures \$ , , , 0 . 00						
Loans \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$,,0 . 00						
Total Monetary       \$	Total Monetary \$ , , , 0 . 00						
In-Kind \$,, 40 . 00	(8) Other Distributions						
	(8) Other Distributions \$,,,						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$,, <u>615</u> . <u>00</u>	\$,, <u>578</u> . <u>99</u>						
ا (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 Treasurer Deputy Treasurer or electioneering comm.)	(Type name)         Candidate         Chairperson (only for PC and PTY)						
X	x						
Signature	Signature						

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## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name			(2) I.D. Number						
7/21/2018			7/27/2018						
(3) Cover Peri	iod / /	thre	ough	11	(4) Page	•	of		
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)		
Sequence	Street Address &	C C	ontributor	Contribution	In-kind				
Number	City, State, Zip Code	Туре		Туре	Description	Amendment	Amount		
7/24/2018 / /	Tattoos By Nue, 1825 South Adams Street Tallahassee, FL 32301	В	owner	IK	two campaign signs \$20 each		\$40.00		
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'S REPORT – ITEMIZED EXPENDITURES           1) Name         Lynn Jones         (2) I.D. Number         554						
(3) Cover Period	7/21/2018 / through	7/27/2018	4) Page <u>1</u>	of	0		
(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Purpose (add office sought if	(9)	(10)	(11)		
(6) Sequence Number	Street Address & City, State, Zip Code	contribution to a candidate)	Expenditure Type	Amendment	Amount		
_/ /							
_/ /							
_/ /							
_/ /							
11							
11							

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