| | CAMPAIGN TREASURE | ER'S REPORT SUMMARY | | | | | | | |
|------------|---|--|--|--|--|--|--|--|--|
| (1) | Jonathan Maurice Maples | OFFICE USE ONLY | | | | | | | |
| • | Name | ONLINE SUBMISSION | | | | | | | |
| (2) | 6401 Travis Rd | Submitted on: | | | | | | | |
| | Address (number and street) | 8/3/2020 17:47:48 (eastern) | | | | | | | |
| | West Palm Beach, FL 33406 | | | | | | | | |
| | City, State, Zip Code | | | | | | | | |
| | Check here if address has changed | (3) ID Number:520 | | | | | | | |
| (4) | Check appropriate box(es): | | | | | | | | |
| | ☐ Candidate Office Sought: County Commission | sioner, Dist. 3 | | | | | | | |
| | ☐ Political Committee (PC)☐ Electioneering Communications Org. (ECO) | ☐ Check here if PC or ECO has disbanded | | | | | | | |
| | | ☐ 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 | t Identifiers | | | | | | | |
| Cove | | | | | | | | | |
| | | | | | | | | | |
| <u>N</u> ∪ | Original Amendment Spe | ecial Election Report | | | | | | | |
| (6) | Contributions This Report | (7) Expenditures This Report | | | | | | | |
| | | Monetary | | | | | | | |
| Casl | h & Checks \$, , <u>850</u> . <u>00</u> | Expenditures \$, , 0 . 00 | | | | | | | |
| ¥ | • 0 00 | <u></u> | | | | | | | |
| Loar | ns \$,, <u>0</u> . <u>00</u> | Transfers to Office Account \$ | | | | | | | |
| Toto | al Monetary \$, , 850 . 00 | Office Account \$, , , 0 . 00 | | | | | | | |
| TOta | Il Monetary \$, | Total Monetary \$. 0 . 00 | | | | | | | |
| In-Ki | ind \$, , 0.00 | Total Monetary \$, , 0 . 00 | | | | | | | |
| III-rxi | nd | (8) Other Distributions | | | | | | | |
| | | (8) Other Distributions \$, , 000_ | | | | | | | |
| | | Ψ , , <u> </u> | | | | | | | |
| (9) | TOTAL Monetary Contributions To Date | (10) TOTAL Monetary Expenditures To Date | | | | | | | |
| | \$, <u>15</u> , <u>840</u> . <u>34</u> | \$, <u>6</u> , <u>155</u> . <u>36</u> | | | | | | | |
| | | | | | | | | | |
| | (11) Cert It is a first degree misdemeanor for any pers | tification on to falsify a public record (ss. 839.13, F.S.) | | | | | | | |
| ار | | | | | | | | | |
| 10 | I certify that I have examined this report and it is true, correct, and complete: | | | | | | | | |
| _(T | ype name) | (Type name) | | | | | | | |
| | Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer electioneering comm.) | ☐ Candidate ☐ Chairperson (only for PC and PTY) | | | | | | | |
| X | | X | | | | | | | |
| Si | gnature | Signature | | | | | | | |

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

| (1) Name | Jonathan Ma | urice M | aples | (2) I.D. Number | | | | | | |
|-----------------|-------------|---------|---------|-----------------|------|----------|---|----|---|--|
| | 7/25/20 | 020 | - | 7/31/ | 2020 | | | | | |
| (3) Cover Perio | od / | 1 | through | 1 | 1 | (4) Page | 1 | of | 1 | |

| (5) | (7) | | (8) | (9) | (10) | (11) | (12) |
|-----------------------------------|--|-----------|------------|----------------------|------------------------|-----------|---------|
| Date (6) Sequence Number | Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | C Type | | Contribution Type | In-kind Description | Amendment | Amount |
| 7/27/2020 | Striano III, Peter 3433 NE 31st Avenue Lighthouse Point, fl 33064 | I | management | MU | | | \$150.0 |
| 7/28/2020 | Trocchia, Aron 2222 NW Plumbago Trail Stuart, fl 34994 | I | physician | MU | | | \$500.0 |
| 7/29/2020 | Brown, Bruce 1711 Durham Road Langhorne, PA 19047 | I | | СН | | | \$100.0 |
| 7/29/2020 | Decker, Ann PO Box 497 Jensen Beach, fl 34958 | I | | СН | | | \$100.0 |
| 1 1 | | | | | | | |
| J I | | | | | | | |
| 1 1 | | | | | | | |
| 1 1 | | | | | | | |

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

| (1) Name Jonath | | | aples | | | (2) I.D. Number | | 520 |
|--------------------|-------------|-----|----------|--------|----------|-----------------|----|-----|
| (3) Cover Period _ | 7/25/2 / | 020 | through_ | 7/31/2 | 020 / | (4) Page1 | 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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| DS-DE 14 /Rev | X | * | | • | |