

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Chip Laibl  
 Name  
 (2) PO Box 401  
 Address (number and street)  
Bostwick, FL 32007  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1178799]  
 Submitted on:  
 11/2/2018 10:30:58 (eastern)

Check here if address has changed

(3) ID Number: 295

(4) Check appropriate box(es):

- Candidate Office Sought: Bd of County Comm Dist 2
- 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 9 / 15 / 2018 To 9 / 28 / 2018 Report Type: G3

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 \$        ,        , 41 . 44

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 41 . 44

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        , 25 , 055 . 00

### (10) TOTAL Monetary Expenditures To Date

\$        , 14 , 747 . 04

### (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 Chip Laibl (2) I.D. Number 295

9/15/2018 through 9/28/2018

(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 Chip Laibl

(2) I.D. Number 295

(3) Cover Period 9/15/2018 through 9/28/2018

(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
(6) Sequence Number					
9/15/2018 //	Home Depot, 417 N HWY 19 Palatka, FL 32177	hardware	MO	Add	\$41.44
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