

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) John C. (Jack) Gorman

Name

(2) PO Box 2089

Address (number and street)

St. Augustine, FL 32085

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: 950

(4) Check appropriate box(es):

☒ Candidate Office Sought: County Commission - Dist 4

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

☐ Check here if no other IE or EC reports will be filed

OFFICE USE ONLY  
ONLINE SUBMISSION  
[1184115]

Submitted on:

2/6/2019 09:19:40 (eastern)

### (5) Report Identifiers

Cover Period: From 7 / 28 / 2018 To 8 / 3 / 2018 Report Type: P5

☐ 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 \$        ,        , 2 . 00

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 2 . 00

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        , 6 , 644 . 50

### (10) TOTAL Monetary Expenditures To Date

\$        , 5 , 765 . 24

### (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** John C. (Jack) Gorman **(2) I.D. Number** 950  
**(3) Cover Period** 7/28/2018 through 8/3/2018 **(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 John C. (Jack) Gorman

(2) I.D. Number 950

(3) Cover Period 7/28/2018 through 8/3/2018

(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
7/31/2018 / /	Ameris Bank, PO Box 3668 Moultrie, GA 31776	bank fee	MO	Add	\$2.00
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