CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Trump Club of St. Johns County	OFFICE USE ONLY							
(0)	Name	ONLINE SUBMISSION [1189720]							
(2)	2800 N 6th St. #248 Address (number and street)	Submitted on:							
	St Augustine, FL 32084	7/9/2019 19:02:56 (eastern)							
	City, State, Zip Code								
	☐ Check here if address has changed	(3) ID Number: 1016							
(4)	Check appropriate box(es):								
	Candidate Office Sought: ☑ 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								
(5) Report Identifiers									
Cove	er Period: From $2 / 1 / 2019$ To	2 / 28 / 2019 Report Type: <u>M2</u>							
0 🗌	riginal X Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Cash	n & Checks \$, , ,000	Monetary Expenditures \$, , , 0 . 00							
Loar		Transfers to Office Account \$, , , 0 . 00							
Total Monetary \$		Total Monetary \$, , 0 . 00							
In-Ki	nd \$,, <u>0</u> . <u>00</u>	(0) 04 - 51 (1) 4							
		(8) Other Distributions \$, , <u>0</u> 00_							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
	\$	\$, <u>21</u> , <u>836</u> . <u>00</u>							
(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) Chairperson (only for PC and PTY)									
	,	V							
<u>X</u>	gnature	X Signature							
319	griature	oignature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	I) Name				(2) I.D. Number			1016		
	2/1/201	9		2/28/	2019					
(3) Cover Perio	d /	1	through	1	1	(4) Page	1	of	1	

(5) COVEL PELL			ough	<i>i i</i>	(4) Fa		OI
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	C Type	(8) ontributor	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
2/28/2019 / /	Vystar Federal Credit Union, 1995 CR 210 St Johns, FL 32259		monthly interest	CA	·	Delete	\$1.5
2/28/2019 / /	Vystar Federal Credit Union, 1995 CR 210 St Johns, FL 32259	В	monthly interest	IN		Add	\$1.5
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	CAMPAIGN TREASURER'S REPORT - ITEM Trump Club of St. Johns County			ITEMIZED EXPEN (2) I.D. Nun		IRES	
(1) Nume	2/1/2019		2/28/2019	(2) i.D. Nuii			
(3) Cover Period	<u> </u>	_through_		(4) Page	of	0	
			Ti-				
(5)	(7)			(8) (9)	(10)	(11)	
Date	Date Full Name		Pu	ırpose			
(6) Sequence	(Last, Suffix, F Street Add			ice sought if bution to a Expendit			

(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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