	CAMPAIGN TREASURE	R'S REPORT SUMMARY
(1)	Jimmy Johns	OFFICE USE ONLY
` '	Name	ONLINE SUBMISSION
(2)	2220 County Road 210 W Suite 108	Submitted on:
	Address (number and street)	7/17/2020 09:31:09 (eastern)
	St. Johns, FL 32259	
	City, State, Zip Code	
	Check here if address has changed	(3) ID Number:1028
(4)	Check appropriate box(es):	
	Candidate Office Sought: County Commis	sion - Dist 1
	☐ 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	☐ Check here if no other IE or EC reports will be filed
	individual making electioneering communications)	
	(5) Report	Identifiers
Cove	er Period: From 6 / 27 / 2020 To	7 / 10 / 2020 Report Type: P3
□ 0	riginal Amendment Spo	ecial Election Report
(6)	Contributions This Report	(7) Expenditures This Report
(-)		Monetary
Cash	n & Checks \$, , 0 . 00	Expenditures \$, , 0 . 00
Loans \$,,		Transfers to
		Office Account \$, , , 0 . 00
Tota	I Monetary \$, , <u>0</u> . <u>00</u>	
		Total Monetary \$, , 0 . 00
In-Kind \$, , 000		
		(8) Other Distributions
		\$, , <u>0</u> . <u>00</u>
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date
	\$, <u>86</u> , <u>450</u> . <u>00</u>	\$, <u>31</u> , <u>195</u> . <u>63</u>
		tification on to falsify a public record (ss. 839.13, F.S.)
١٠	-	• • • • • •
10	certify that I have examined this report and it is true, corr	ect, and complete.
<u></u>	ype name)	(Type name)
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)
х		X
-	gnature	Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name (2) I.D. Number							028
	6/27/2020		7	/10/2020			
(3) Cover Perio	od / /	thro	ough	<i>I I</i>	(4) Pag	e	of
-				Υ		T	
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &		ontributor	Contribution	In-kind	(1 V) V (1 V) V (2 V) V (3 V) V (3 V) V (4 V) V	
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
1 1							
<i>I I</i>							
1 1							
1 1							
1							
1 ·							
1							
J I							
1 1							
<i>I</i> 3							
1 1							

) Name <u>Jimmy</u>	Johns 7/	10/2020	(2) I.D. Number			
) Cover Period _	/through		1) Page <u>1</u>	of _	0	
(5) Date (6) Sequence Number	(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)	(11) Amount	
/ /						
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CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

(1) Name Jimmy Johns (2) I.D. Number ______

7/10/2020 6/27/2020 (4) Page ¹ of ¹ (3)Cover Period through (5) (7) (10)(11)(8) (9)**Date Full Name Purpose** (Last, Suffix, First, Middle) (add office sought if (6)Street Address & contribution to a Related Sequence Number City, State, Zip Code candidate) **Expenditures** Amendment Amount 7/6/2020 Web Elect, voter data 2020-P3-6 Delete \$130.00 10150 Highland Manor Dr #200 Tampa, FL 33610 1 7/6/2020 Web Elect, voter data 2020-P3-5 Add \$130.00 10150 Highland Manor Dr #200 Tampa, FL 33610 2