

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Jimmy Johns
 Name
 (2) 2220 County Road 210 W Suite 108
 Address (number and street)
St. Johns, FL 32259
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1218741]
 Submitted on:
 7/22/2020 10:25:01 (eastern)

Check here if address has changed

(3) ID Number: 1028

(4) Check appropriate box(es):

- Candidate Office Sought: County Commission - 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 individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 7 / 11 / 2020 To 7 / 17 / 2020 Report Type: P4

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 \$, , 0 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 0 . 00

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 87 , 600 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 45 , 981 . 81

(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 Jimmy Johns (2) I.D. Number 1028

(3) Cover Period 7/11/2020 through 7/17/2020 (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 Jimmy Johns

(2) I.D. Number 1028

(3) Cover Period 7/11/2020 through 7/17/2020

(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					
7/16/2020 / /	Johns, Jimmy 10365 Hood Road S., #206 Jacksonville, FL 32257	reimbursement	RM	Delete	\$250.00
1					
7/16/2020 / /	Johns, Jimmy 10365 Hood Road S., #206 Jacksonville, FL 32257	candidate registration	RM	Add	\$250.00
2					
/ /					
/ /					
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/ /					
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