	CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Jimmy Johns	OFFICE USE ONLY								
` '	Name	ONLINE SUBMISSION								
(2)	2220 County Road 210 W Suite 108	[1223230]								
	Address (number and street)	Submitted on:								
	St. Johns, FL 32259	8/6/2020 11:19:55 (eastern)								
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number:1028								
(4)	Check appropriate box(es):									
	<ul> <li>         ☐ 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         ☐ Check here if no other IE or EC repor</li></ul>									
	(5) Report	Identifiers								
Cove	er Period: From 7 / 25 / 2020 To									
X O	riginal Amendment Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Cash	n & Checks \$ , 2 , <u>300</u> . <u>00</u>	Monetary								
Loar	s \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$ , , , 0 . 00								
Tota	I Monetary \$ ,2 , 300 . 00	Total Monetary \$ ,9 , <u>067</u> . <u>00</u>								
In-Ki	nd \$,,,000									
		(8) Other Distributions \$ , , 000								
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
	\$, <u>91</u> , <u>100</u> . <u>00</u>	\$, <u>67</u> , <u>454</u> . <u>49</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										
X		X Sign at use								
Sig	gnature	Signature								

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name	Jimmy J	Iohns					1028			
	7/	25/20	20		7/31/	2020				
(3) Cover Perio	od	1	1	through	1	1	(4) Page	1	$^{\rm of}$	

(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name		(0)	(9)	(10)	(19	(12)
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &	c	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	T672-7-1126-7-600-7-60-6-6-6-6-6-6-6-6-6-6-6-6-6-6	Туре	Description	Amendment	Amount
7/27/2020 / /	O'Harvey, Karen 509 Summercove Circle St. Augustine, FL 32086		retired	СН			\$500.00
1							
7/27/2020 / /	Smith, Robert T P.O. Box 850023 St. Augustine, FL 32086	I	retired	СН			\$500.00
2							
7/27/2020 / /	Howard, Jeffrey 1429 Wentworth Ave. St. Augustine, FL 32259	I	medical billing	СН			\$250.00
3							
7/27/2020 / /	Burke's Sales and Service LLC, 8205 State Road 207 Hastings, FL 32145	В	farm equipment sales	СН			\$500.00
4		_		- CTT			450.00
7/27/2020 / /	Barker, James 1820 State Rd 13, Suite 3 Jacksonville, FL 32259	I	retired	СН			\$50.00
	Edmonds Family	В	family	СН			\$500.00
7/30/2020	Partnership LLP, 12412 San Jose Blvd # 303 Jacksonville, FL 32223		office				
6							
I I							
J J							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _	Jimmy	Johns					 (2) I.D. Nun	nber	1	L028	20
		7/25/2	020		7/31/20	020	**				
(3) Cover P	eriod	1	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(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
7/28/2020	Creative Direct, Creative 25 E. Main Street Richmond, VA 23219	mail piece	MO		\$9,067.00
1				-	
//					
//					
//					
, ,					
//					
//					
//					
DS-DE 14 (Rev.	4440 %		l.	1	