

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Jamie Haynes  
 Name  
 (2) 30 Morning Glory Drive  
 Address (number and street)  
DeBary, FL 32713  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1181467]

Submitted on:  
 12/10/2018 20:49:21 (eastern)

Check here if address has changed

(3) ID Number: 481

(4) Check appropriate box(es):

- Candidate Office Sought: School Board Member, District 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 11 / 3 / 2018 To 11 / 30 / 2018 Report Type: M11

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$      ,      , 10 . 00

Loans \$      ,      , 0 . 00

Total Monetary \$      ,      , 10 . 00

In-Kind \$      ,      , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures \$      ,      , 25 . 74

Transfers to Office Account \$      ,      , 0 . 00

Total Monetary \$      ,      , 25 . 74

### (8) Other Distributions

\$      ,      , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$      , 15 , 230 . 00

### (10) TOTAL Monetary Expenditures To Date

\$      , 14 , 612 . 47

### (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 Jamie Haynes (2) I.D. Number 481

(3) Cover Period 11/3/2018 through 11/30/2018 (4) Page 1 of 1

| (5)<br>Date       | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Contributor<br>Type Occupation |         | (9)<br>Contribution<br>Type | (10)<br>In-kind<br>Description | (11)<br>Amendment | (12)<br>Amount |
|-------------------|--|---------------------------------------|---------|-----------------------------|--------------------------------|-------------------|----------------|
| 11/26/2018<br>/ / | Filson, Gail<br>32 Sea Haven Drive<br>Ponce Inlet, FL 32127                                    | I                                     | retired | CH                          |                                |                   | \$10.00        |
| 1                 |  |                                       |         |                             |                                |                   |                |
| / /               |  |                                       |         |                             |                                |                   |                |
| / /               |  |                                       |         |                             |                                |                   |                |
| / /               |  |                                       |         |                             |                                |                   |                |
| / /               |  |                                       |         |                             |                                |                   |                |
| / /               |  |                                       |         |                             |                                |                   |                |
| / /               |  |                                       |         |                             |                                |                   |                |
| / /               |  |                                       |         |                             |                                |                   |                |
| / /               |  |                                       |         |                             |                                |                   |                |

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Jamie Haynes

(2) I.D. Number 481

(3) Cover Period 11/3/2018 through 11/30/2018

(4) Page 1 of 1

| (5)<br>Date               | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Purpose<br>(add office sought if<br>contribution to a<br>candidate) | (9)<br>Expenditure<br>Type | (10)<br>Amendment | (11)<br>Amount |
|---------------------------|--|--|----------------------------|-------------------|----------------|
| (6)<br>Sequence<br>Number |  |  |                            |                   |                |
| 11/3/2018<br>/ /          | Friends of DeLeon State<br>Park,<br>601 Ponce DeLeon Springs Blvd<br>DeLeon Springs , FL 32130 | event sponsor  | MO                         |                   | \$25.00        |
| 1                         |  |  |                            |                   |                |
| 11/26/2018<br>/ /         | Raise the Money, Inc.,<br>P.O. Box 26466<br>Little Rock, AR 72221                              | fee  | MO                         |                   | \$0.74         |
| 2                         |  |  |                            |                   |                |
| / /                       |  |  |                            |                   |                |
| / /                       |  |  |                            |                   |                |
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| / /                       |  |  |                            |                   |                |
| / /                       |  |  |                            |                   |                |
| / /                       |  |  |                            |                   |                |
| / /                       |  |  |                            |                   |                |