

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Sarah Jones  
 Name  
 (2) 44 Woodfield Drive  
 Address (number and street)  
Port Orange, FL 32129  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1179499]

Submitted on:  
 11/8/2018 08:19:08 (eastern)

Check here if address has changed (3) ID Number: 461

(4) Check appropriate box(es):

Candidate Office Sought: Port Orange Council District 2

Political Committee (PC)  Check here if PC or ECO has disbanded

Electioneering Communications Org. (ECO)  Check here if PTY has disbanded

Party Executive Committee (PTY)  Check here if no other IE or EC reports will be filed

Independent Expenditure (IE) (also covers an individual making electioneering communications)

### (5) Report Identifiers

Cover Period: From 8 / 11 / 2018 To 8 / 23 / 2018 Report Type: P7

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$        ,        , 175 . 00

Loans \$        ,        , 0 . 00

Total Monetary \$        ,        , 175 . 00

In-Kind \$        ,        , 0 . 00

**(7) Expenditures This Report**

Monetary Expenditures \$        ,        , 5 . 12

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 5 . 12

**(8) Other Distributions**  
 \$        ,        , 0 . 00

**(9) TOTAL Monetary Contributions To Date**  
 \$        , 39 , 174 . 54

**(10) TOTAL Monetary Expenditures To Date**  
 \$        , 37 , 916 . 08

### (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 Sarah Jones (2) I.D. Number 461  
 (3) Cover Period 8/11/2018 through 8/23/2018 (4) Page 1 of 1

(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
(6) Sequence Number		Type	Occupation				
8/12/2018 / /	Weiss, Paul 5201 S Atlantic Ave, #102 New Smyrna Beach , FL 32169	I		CH		Add	\$50.00
1							
8/13/2018 / /	Regenstreif, Steve 3214 38th St NW Washington, DC 20016	I	retired	CH		Add	\$100.00
2							
8/13/2018 / /	Weingarten, Andrew 117 Ann Rustin Dr Ormond Beach, FL 32176	I		CA		Add	\$25.00
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Sarah Jones

(2) I.D. Number 461

(3) Cover Period 8/11/2018 through 8/23/2018

(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					
8/13/2018 / /	PayPal, 2211 N 1st St San Jose, CA 95231	payment processing	MO	Add	\$5.12
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