

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Joel Paige  
 Name  
 (2) PO Box 2343  
 Address (number and street)  
New Smyrna Beach, FL 32170  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1179667]  
 Submitted on:  
 11/12/2018 08:52:42 (eastern)

Check here if address has changed (3) ID Number: 566

(4) Check appropriate box(es):  
 Candidate Office Sought: New Smyrna Beach Mayor  
 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 1 / 1 / 2018 To 12 / 31 / 2018 Report Type: TRP  
 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 \$        ,        , 259 . 68  
 Transfers to Office Account \$        ,        , 0 . 00  
 Total Monetary \$        ,        , 259 . 68

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

**(9) TOTAL Monetary Contributions To Date**  
 \$        , 3 , 275 . 15

**(10) TOTAL Monetary Expenditures To Date**  
 \$        , 3 , 275 . 15

### (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 Joel Paige (2) I.D. Number 566

1/1/2018 through 12/31/2018

(3) Cover Period \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ through \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (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 Joel Paige

(2) I.D. Number 566

(3) Cover Period 1/1/2018 through 12/31/2018

(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					
9/25/2018 //	Paige, Joel 827 E12th ave new smyrna beach, Fl 32169	closing candidate account	RM		\$259.68
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