

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Will Roberts  
 Name

(2) Protected Address  
 Address (number and street)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1201049]

Submitted on:  
 3/5/2020 23:11:46 (eastern)

Check here if address has changed (3) ID Number: 595

(4) Check appropriate box(es):

Candidate Office Sought: Tax Collector

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 2 / 1 / 2020 To 2 / 29 / 2020 Report Type: M2

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$      ,   1   , 000 . 00

Loans \$      ,      ,   0   . 00

Total Monetary \$      ,   1   , 000 . 00

In-Kind \$      ,      ,   0   . 00

**(7) Expenditures This Report**

Monetary Expenditures \$      ,   1   , 070 . 82

Transfers to Office Account \$      ,      ,   0   . 00

Total Monetary \$      ,   1   , 070 . 82

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

**(9) TOTAL Monetary Contributions To Date**  
 \$      ,   11   , 655 . 35

**(10) TOTAL Monetary Expenditures To Date**  
 \$      ,   3   , 947 . 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 Will Roberts (2) I.D. Number 595

(3) Cover Period 2/1/2020 through 2/29/2020 (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							
2/25/2020 / /	Hamlin, John 575 N. Nova Rd. Ormond Beach, FL 32174	I	business owner	CH			\$1,000.00
1							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Will Roberts

(2) I.D. Number 595

(3) Cover Period 2/1/2020 through 2/29/2020

(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					
2/24/2020 / /	Cubco, 605 Commercial Dr. Holly Hill , FL 32117	shirts	MO		\$423.34
1					
2/24/2020 / /	Office Depot, 1560 S. Nova Rd. Daytona Beach, FL 32114	copies	MO		\$15.98
2					
2/25/2020 / /	Gilster and Associates, 250 N. Beach St. Suite 20 Daytona Beach, FL 32114	palm cards, signs and car magnets	MO		\$315.00
3					
2/28/2020 / /	Gilster and Associates, 250 N. Beach St. Suite 20 Daytona Beach, FL 32114	palm cards, signs and car magnets	MO		\$316.50
4					
/ /					
/ /					
/ /					
/ /					