	CAMPAIGN TREASURE	R'S REPORT SUMMARY						
(1)	Rob Bridger	OFFICE USE ONLY						
•	Name	ONLINE SUBMISSION [1222374]						
(2)	407 Main Trail	Submitted on:						
	Address (number and street)	8/2/2020 12:58:03 (eastern)						
	Ormond Beach, FL 32174							
	City, State, Zip Code							
	Check here if address has changed	(3) ID Number:680						
(4)	Check appropriate box(es):							
	☐ Candidate Office Sought: Ormond Beach I	Mayor						
	Political Committee (PC)	Check have if DC av ECO has dishanded						
		<ul><li>☐ Check here if PC or ECO has disbanded</li><li>☐ Check here if PTY has disbanded</li></ul>						
	☐ Independent Expenditure (IE) (also covers an	☐ Check here if no other IE or EC reports will be filed						
	individual making electioneering communications)							
	(5) Report	Identifiers						
Cove								
N O	Original Amendment Spe	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
		Monetary						
Cash	h & Checks \$ , , <u>150</u> . <u>00</u>	Expenditures \$ , , <u>213</u> . <u>00</u>						
•	• 0 00							
Loar	ns \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$						
Tato	Il Monetary \$ , , 150 . 00	Office Account \$ , , , 0 . 00						
Tota	Il Monetary \$,, <u>150</u> . <u>00</u>	Total Monetary \$ , 213 . 00						
In Ki	ind \$ , , 0.00	Total Monetary \$ , , 213 . 00						
In-Ki	ind \$,,	(O) Other Dietributions						
		(8) Other Distributions \$ , , 000_						
		Ψ , , <u> </u>						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$	\$, <u>2</u> , <u>719</u> . <u>76</u>						
	(11) Cert It is a first degree misdemeanor for any perso							
١٥		, , , ,						
I certify that I have examined this report and it is true, correct, and complete:								
_(T	ype name)	(Type name)						
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)						
X		x						
	gnature	Signature						

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

(1) Name	Rob Bridger		(2) I.D. Number								
(3) Cover Peri	7/25/2020 od////	thro		/31/2020 //	(4) Pag	je <u>1</u>	of				
(5) Date (6) Sequence Number	(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)	(12)				
7/27/2020	Gregorio, Janet 2 Lake Walden Trail Ormond Beach, FL 32174	I		СН			\$50.0				
7/25/2020	Walters, Barbara 12 Crooked Tree Trail Ormond Beach, FL 32174	I	retired	СН			\$100.0				
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## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name _1	Rob	Brio	ldger					 (2) I.D. Nun	nber	680		
		7	/25/2	020		7/31/2	020					
(3) Cover P	erio	d	1	1	through	/	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
Date (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	Associated Printing & Graphics, 1116 W Granada Blvd Ormond Beach, FL 32174	brochures, business cards & labels	MO		\$213.00
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DS-DE 14 (Rev.					