CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	Rob Bridger	OFFICE USE ONLY						
` '	Name	ONLINE SUBMISSION						
(2)	407 Main Trail	Submitted on:						
	Address (number and street)	11/25/2020 09:41:13 (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	Mayor						
	<ul><li>☐ Political Committee (PC)</li><li>☐ Electioneering Communications Org. (ECO)</li></ul>	Check here if PC or ECO has disbanded						
	Party Executive Committee (PTY)	Check here if PTY has disbanded						
	☐ 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	er Period: From $\frac{1}{1}$ / $\frac{1}{2020}$ To	2 / 1 / 2021 Report Type: TRG						
× o	riginal Amendment Spe	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
(-)		Monetary						
Cash	n & Checks \$ , , 0 . 00	Expenditures \$ , , 0 . 00						
Loar	ns \$,,,000	Transfers to						
		Office Account \$ , , 0 . 00						
Tota	I Monetary \$ , , 0 . <u>00</u>							
		Total Monetary \$ , , 0 . 00						
In-Ki	nd \$,, <u>0</u> . <u>00</u>							
		(8) Other Distributions						
		\$ , , <u>0</u> . <u>00</u>						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$, 14, 410. 00	\$, 14 , 410 . 00						
	(11) Cert It is a first degree misdemeanor for any pers							
1								
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. Numbe	er <u>6</u>	80
(3) Cover Perio	1/1/2020 od///	thro	ough	/1/2021 ///	(4) Pag	e <u>1</u>	of
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &		(8)	(9) Contribution	(10) In-kind	(11)	(12)
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
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DS-DE 13 (Rev. 11/13 )

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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

(1) Name Rob B	ridger					(2	) I.D. Nun	nber	6	580	300
	1/1/202	20	2,	/1/202	1						
(3) Cover Period	1	1	through	1	1	(4	) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(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
11/20/2020	Bridger, Robert 407 Main Trail	repayment of loan	DI		\$458.22
1	Ormond Beach, FL 32174				
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DS-DE 14 (Rev.	44(40.1)				