	CAMPAIGN TREASURE	R'S REPORT SUMMARY							
(1)	Reed Foley	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION							
(2)	739 Horseman Dr	Submitted on:							
	Address (number and street) Port Orange, FL 32127	6/2/2022 11:27:52 (eastern)							
	City, State, Zip Code								
	Check here if address has changed	(3) ID Number: 831							
(4)	Check appropriate box(es):	(5)							
(7)	W Candidate Office Sought: Port Orange Council District 1 ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications) ☐ Check here if PC or ECO has disbanded ☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed								
	(5) Report	Identifiers							
Cove	er Period: From 5 / 1 / 2022 To	5 / 31 / 2022 Report Type: M5							
X O		ecial Election Report							
	Contributions This Report	(7) Expenditures This Report							
	h & Checks \$, , 0 . 02	Monetary Expenditures \$, , 6 . 40							
Loar		Transfers to Office Account \$, , , 0 · 00							
	al Monetary \$,1, _00002	Total Monetary \$, , 6 . <u>40</u>							
In-Ki	ind \$,,, <u>0</u> . <u>00</u>	(2) 24h - Bl-4-th-41							
		(8) Other Distributions \$, , <u>0</u> 00							
(9)	TOTAL Monetary Contributions To Date \$,1,245 \cdot _25_	(10) TOTAL Monetary Expenditures To Date \$,,640							
(Ty	(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								
X	ignature	X Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	r	831				
(3) Cover Perio	5/1/2022 od///	through	5/31/2022 ///	(4) Page	e <u>1</u>	of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)	(8)	(9)	(10)	(11)	(12)

(6) Sequence Street Address & Contributor Type Occupation Number Foley, Jonathan R 739 Horseman Dr. Port Orange, FL 32127 1 (Last, Suffix, First, Middle) Street Address & Contributor Type Occupation Type Description Amendment Amount LO Susiness owner St.,000.00	(5) Date	(/) Full Name		(8)	(9)	(10)	(11)	(12)
Sequence Number City, State, Zip Code Type Countitution Type Countitution								
5/31/2022				ntributor	Contribution	In-kind		
5/31/2022	Number		Туре			Description	Amendment	
1		739 Horseman Dr.			LO			\$1,000.00
750 Dunlawton Ave Port Orange, FL 32127 1	1							
		_750 Dunlawton Ave	S		IN			\$0.02
	2	Port Orange, FL 32127						
	1 1							
	1 1							
	1 1	_						
	1 1	_						
	1 1							
	1 1							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Re	ed Fol	.ey					-	(2) I.D. Nun	nber	8	331	- P
	5	/1/20	22		5/31/20	022						
(3) Cover Per	iod	1	1	through	1	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
5/26/2022	Volusia County Supervisor of E, 1750 S. Woodland Blvd DeLand, FL 32720	petitions	МО		\$6.40
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DS-DE 14 (Rev.					