	CAMPAIGN TREASURE	R'S REPORT SUMMARY					
(1)	Jonathan "Reed" Foley	OFFICE USE ONLY					
( - /	Name	ONLINE SUBMISSION					
(2)	739 Horseman Dr	[1269140] Submitted on:					
	Address (number and street)	7/16/2022 14:16:05 (eastern)					
	Port Orange, FL 32127						
	City, State, Zip Code						
	Check here if address has changed	(3) ID Number:831					
(4)	Check appropriate box(es):						
	Candidate Office Sought: Port Orange C	ouncil District 1					
	Political Committee (PC)	Charlebon # DO on FOO bon disharded					
	☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY)	☐ Check here if PC or ECO has disbanded ☐ 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 $\frac{1}{1}$ / $\frac{2022}{10}$ To						
		ecial Election Report					
(6)	Contributions This Report	(7) Expenditures This Report					
Casl	h & Checks \$ , , 0 . <u>07</u>	Monetary					
Loar	s , , , 0 . <u>00</u>	Transfers to Office Account \$					
T-4-	\$ 0.07	Office Account \$ , , , 0 . 00					
lota	I Monetary \$,,,007	Total Monetary \$ . 1 102 . 92					
	ind \$ , , 0.00	Total Monetary \$ ,1 , 102 . 92					
In-Ki	ind \$,,	(0) 0(1 - 5) (1 - 1)					
		(8) Other Distributions					
		\$ , , <u>0</u> . <u>00</u>					
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
	\$, <u>1</u> , <u>245</u> . <u>32</u>	\$, <u>1</u> , <u>245</u> . <u>32</u>					
	(11) Cert It is a first degree misdemeanor for any pers	tification					
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)					
Х		×					
	gnature	Signature					

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Jonathan "Reed&	#34;	Foley		2) I.D. Numbe	er8	31
	1/1/2022		9	/15/2022		_	_
(3) Cover Perio	od//	thro	ough	<i>I I</i>	(4) Pag	e	of
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence	(Last, Suffix, First, Middle) Street Address &		ontributor	Contribution	In-kind		
Number	City, State, Zip Code Vystar Credit	Type S	Occupation	Type	Description	Amendment	Amount \$0.0
6/30/2022	Union, 750 Dunlawton Ave Port Orange, Fl 32127	۵		IN			Ş0.0
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Jonatha	n "	l;Reed	" Fole	У		 (2) I.D. Nun	nber	8	331	
		1/1/20	22		9/15/2	022	-				
(3) Cover P	eriod	I	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
7/15/2022	Conklin Davis Center, 405 White St. Daytona Beach, Fl 32114	disposing funds for charity	MO		\$52.92
1	•	2			
6/21/2022	Foley, Jonathan Reed 739 Horseman Dr. Port Orange, Fl 32127	repayment of loan to candidate.	МО		\$1,050.00
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