

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Ed Ellison
Name

(2) 108 AQUA Ct.
Address (number and street)

NEW SMYRNA Bch., FL. 32168
City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate Office Sought: MAYOR OF NEW SMYRNA BEACH

☐ 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

Cover Period: From 06/01/18 To 06/22/18 Report Type: P1

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , _____ . _____

Loans \$ _____ , _____ , 300.00

Total Monetary \$ _____ , _____ , _____ . _____

In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 227.18

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 227.18

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 300.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 227.18

(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) Ed Ellison

☐ Individual (only for IE or electioneering comm.) ☒ Treasurer ☐ Deputy Treasurer

X Ed Ellison

Signature

(Type name) Ed Ellison

☒ Candidate ☐ Chairperson (only for PC and PTY)

X Ed Ellison

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Ed Ellison (2) I.D. Number _____

(3) Cover Period 06 / 01 / 18 through 06 / 22 / 18 (4) Page 01 of 01

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
<u>06 / 19 / 18</u>	<u>Ed Ellison</u>	<u>S</u>	<u>SELF</u>	<u>LOA</u>			<u>300.00</u>
<u>001</u>	<u>108 AQUA CT</u>						
	<u>NEW SMYRNA BCH</u>						
	<u>FL 32168</u>						
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Ed Ellison

(2) I.D. Number _____

(3) Cover Period 06/01/18 through 06/22/18

(4) Page 01 of 01

(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
06/19/18	CITY of NEW SMYRNA BEACH, 210 SAMS AVE. NEW SMYRNA Bch., FL 32168	PAYMENT of STATE CANDIDATE ASSESSMENT	MON		\$ 223.18
001					
06/20/18	Volusia County SUPERVISOR OF ELECTIONS 125 NEW YORK AVE. DELAND, FL 32720	PAYMENT of FEE to VERIFY PETITION SIGNATURES	MON		\$ 4.00
002					
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