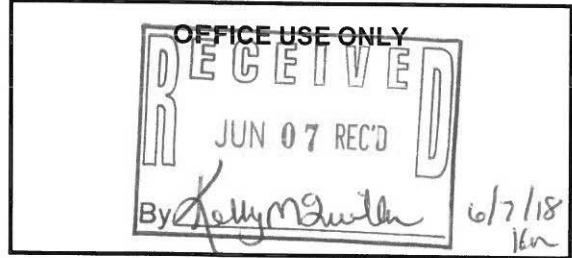


CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Joel Paige
Name

(2) 827 E12th Ave
Address (number and street)

NSB FL 32169
City, State, Zip Code



Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Mayor
- 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 5/1/2018 To 5/31/2018 Report Type: M5

- Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks	\$	_____	,	_____	,	<u>450.00</u>
Loans	\$	_____	,	_____	,	100.00 ⁵⁰
Total Monetary	\$	_____	,	_____	,	<u>500.00</u>
In-Kind	\$	_____	,	_____	,	<u>142.85</u>

(7) Expenditures This Report

Monetary Expenditures	\$	_____	,	_____	,	<u>382.00</u>
Transfers to Office Account	\$	_____	,	_____	,	<u>0</u>
Total Monetary	\$	_____	,	_____	,	<u>382.00</u>

(8) Other Distributions

\$ _____, _____, _____

(9) TOTAL Monetary Contributions To Date

\$ _____, 1,943.00

(10) TOTAL Monetary Expenditures To Date

\$ _____, 1,195.45

(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) Joel Paige

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

X
Signature

(Type name) Joel Paige

Candidate Chairperson (only for PC and PTY)

X
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Joel Paige (2) I.D. Number _____
 (3) Cover Period 5, 1, 18 through 5, 31, 18 (4) Page 1 of 1

(5) Date	(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) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		Amount
5, 9, 18 ①	Steve Conway 803 E. 18th Ave WSB 32169	IND	Retired	check			\$100.00
5, 14, 18 ②	Rhonda Huckleberry King 4185 Saxon WSB 32169	IND	Retired	check			\$100.00
5, 16, 18 ③	Babe Hembling 101 N. Riverside Dr. # 212 WSB	IND	Retired	check cash			\$50
5, 11, 18 ④	Richard Rosedale 411 Quay Assisi WSB FL	IND	RE- investor	check			\$200
5, 1, 18 ⑤	Passara Paige 827E12th Ave WSB, FL 32169	IND	Business owner	INR	USE OF SPACE FOR CAMPAIGN HQ		\$142.85
1 1							
1 1							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Joel Paige (2) I.D. Number _____
 (3) Cover Period 5, 1, 18 through 5, 31, 18 (4) Page 1 of 1

(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
5/4/18 (1)	Sam's Club Daytona Beach FL	Meet and Greet Food	CAN		117.22
5/4/18 (2)	WAL-MART NSB FL	Meet and Greet Food	CAN		14.38
5/4/18 (3)	WAL- MART NSB FL	Meet and Greet Food	CAN		31.91
5/9/18 (4)	Publix Mainland NSB FL	Meet & Greet Food	CAN		92.52
5/14/18 (5)	Vimeo.com N.Y.	Video access	CAN		84.00
1/1					
1/1					
1/1					