

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Joel Paige
Name
(2) 827 E12th Ave
Address (number and street)
MSB. FL. 32169
City, State, Zip Code

OFFICE USE ONLY
RECEIVED
OFFICE OF THE CITY CLERK
DATE 7-13-18

☐ 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

Cover Period: From 6/23/18 To 7/06/18 Report Type: P2

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, 250.00

Loans \$ _____, _____, _____

Total Monetary \$ _____, 250.00

In-Kind \$ _____, 142.50

(7) Expenditures This Report

Monetary Expenditures \$ _____, 96.53
116.53

Transfers to Office Account \$ _____, _____, _____

Total Monetary \$ _____, 116.53
96.53

(8) Other Distributions

\$ _____, _____, _____

(9) TOTAL Monetary Contributions To Date

\$ _____, 1,750.00

(10) TOTAL Monetary Expenditures To Date

\$ _____, 1,037.79

(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 6, 25, 18 through 7, 16, 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		
6, 25, 18	Lachelle Wright	B		CHE	—		200.00
(1)	520 Stephen Ct Lake Mary (Business)						
6, 25, 18	Louis Reilly	I		CHE	—		25.00
(2)	818 20th Ave USB FL 32169						
6, 25, 18	Arthur Goodrich	I	RE	CHE	—		25.00
(3)	1511 Victoria Blvd Edgewater FL						
7, 1, 18	Pasara Paige	B	Business owner		Campaign office		142.50
4	827 E 24th Ave MSD FL 32169						
1 1							
1 1							
1 1							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Joel Page

(2) I.D. Number _____

(3) Cover Period 6, 25, 18 through 7, 6, 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
6/25/18	Vista Print	T-Shirts			90.67
①					
7/5/18	Bg Lok WSB	Pens	office		5.86
②					
1/1					
③					
1/1					
1/1					
1/1					
1/1					
1/1					