CAMPAIGN TREASURER'S REPORT SUMMARY						
(1) John Redmond Name (2) 218 Kirkland Re Address (number and street) New Smyrwa Black / L3 City, State, Zip Code Check here if address has changed (4) Check appropriate box(es):	OFFICE OF THE CUTY					
(5) Report Identifiers						
Cover Period: From 06 / 01 / 2018 To 06 / 22 / 2018 Report Type: 2018 P1 Original						
(6) Contributions This Report	(7) Expenditures This Report					
Cash & Checks \$, ,	Monetary Expenditures \$,,					
Loans \$,, <u>/00</u> . <u>00</u>	Transfers to Office Account \$, , .					
Total Monetary \$, ,	Total Monetary \$, ,					
In-Kind \$,,	(9) Other Dietributions					
n.	(8) Other Distributions \$, ,					
(9) TOTAL Monetary Contributions To Date \$,, _/OO . OO	(10) TOTAL Monetary Expenditures To Date \$,,					
(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) John Redmond ☐ Individual (only for IE Treasurer ☐ Deputy Treasurer or electioneering comm.)	(Type name) John Redmond Candidate Chairperson (only for PC and PTY)					
X John Signature	X Jala Signature					
DS-DE 12 (Rev. 11/13)	SEE REVERSE FOR INSTRUCTIONS					

(1) Name TOHN REGMOND (2) I.D. Number_									
(3) Cover Perio	od <u>06 / 01 / 18</u> through <u>06</u>	22/20/8	4) Page	/ of _					
(5) Date (6) Sequence Number	(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)	(11)				
06/22/18	City of New Smyrne Brack 210 Sams Ave NSB, FL 32168	Assessment	CAN	10	×16739				
06/21/18	Volusia County Dept. of Elections 125 W New York Are Deland FL 32720	Petition Signature Verification	DPV		*4=				
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CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Ohn Nedmond (2) I.D. Number								
(3) Cover Period 06 / 01 / 2018 through 06 / 22 / 2018 (4) Page of								
(5) Date	(7) Full Name	(8)	(9)	(10)	(11)	(12)		
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City State Zip Code	Contributor Type Occupation	Contribution Type	In-kind Description	Amendment	Amount		
06,20,18	Redmond John 218 Krikland Kl NSB FL 32169	1	LOA	Decempation		Amount */oo*		
	32169							
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES