

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Mark A. Weeks
 Name

(2) Address Protected
 Address (number and street)
DeFuniak Springs, FL 32433
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1187252]

Submitted on:
 4/23/2019 16:29:26 (eastern)

Check here if address has changed

(3) ID Number: 466

(4) Check appropriate box(es):

Candidate Office Sought: City Marshal

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 4 / 6 / 2019 To 7 / 5 / 2019 Report Type: TR

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 0 . 00

Loans \$, , 0 . 00

Total Monetary \$, , 0 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 0 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 0 . 00

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 17 , 150 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 17 , 150 . 00

(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)

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

X

Signature

(Type name)

Candidate Chairperson (only for PC and PTY)

X

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Mark A. Weeks (2) I.D. Number 466

4/6/2019 through 7/5/2019

(3) Cover Period _____ / _____ / _____ through _____ / _____ / _____ (4) Page 1 of 0

(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
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Mark A. Weeks

(2) I.D. Number 466

(3) Cover Period 4/6/2019 through 7/5/2019

(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) Sequence Number					
4/23/2019 / /	Weeks, Mark Protected DeFuniak Springs, Fl 32435	repayment of loan	DI		\$97.45
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