CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Joshua Sconiers	OFFICE USE ONLY							
•	Name	ONLINE SUBMISSION [1292614]							
(2)	47 Deer Trail Court								
	Address (number and street)	Submitted on: 2/9/2023 15:09:47 (eastern)							
	DeFuniak Springs, FL								
	City, State, Zip Code								
	Check here if address has changed	(3) ID Number:581							
(4)	Check appropriate box(es):								
	<pre>Candidate Office Sought: City Council,</pre>	Seat #2							
	Political Committee (PC)	Charly have if DC ay ECO has dishanded							
	☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐	☐ Check here if PC or ECO has disbanded ☐ Check here if PTY has disbanded							
	☐ Independent Expenditure (IE) (also covers an	☐ Check here if no other IE or EC reports will be filed							
	individual making electioneering communications)								
	(5) Report	Identifiers							
Cove	er Period: From 2 / 7 / 2023 To								
		ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Cash	h & Checks \$, , 0 . 00	Monetary							
Loar	s , , , <u>0</u> . <u>00</u>	Transfers to Office Account \$, , 0 . 00							
Tota	Monetary \$,,, <u>0</u> . <u>00</u>	, , , , , , , , ,							
In-Ki	ind \$,,,000	,,,							
		(8) Other Distributions							
		\$, , <u>0</u> . <u>00</u>							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
	\$,, 200.00	\$, , 200.00							
(11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)									
Ιc	certify that I have examined this report and it is true, corre	ect, and complete:							
(Ty	ype name)	_(Type name)							
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)							
Х		x							
	gnature	Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name			(2) I.D. Number							
	2/7/2023		7	/9/2023						
(3) Cover Perio	od//	thro	ough	<i>I I</i>	(4) Pag	e <u>1</u>	of			
1000 MB			14400		- 44 (4 50/100)					
(5)	(7)		(8)	(9)	(10)	(11)	(12)			
Date	Full Name									
(6)	(Last, Suffix, First, Middle)	_		_						
Sequence	Street Address &		ontributor	Contribution	In-kind	Amendment	N			
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount			
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Joshu	a Sconie	ers				(2) I.D	. Numb	er	į	581	
	2/7/20	23		7/9/202	3						
(3) Cover Period	1	1	through	1	1	(4) Pa	qe	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
2/9/2023	Sconiers , Joshua Michael Protected DeFuniak Springs , FL 32433	refund for unexpensed campaign funds from personal loan.	RE		\$48.90
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DS-DE 14 (Rev.	44/42 \				