

# CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Mike Jones  
 Name  
 (2) 1311 Overcash Dr  
 Address (number and street)  
Dunedin FL 34698  
 City, State, Zip Code

OFFICE USE ONLY

Check here if address has changed (3) ID Number: 106718600

(4) Check appropriate box(es):  
 Candidate Office Sought: Dunedin City Commissioner, Seat 1  
 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 11/04/2016 To 02/06/2017 Report Type TRG-16CR  
 Original  Amendment  Special Election Report

(6) Contributions This Report

Cash & Checks	\$	_____
Loans	\$	_____
Total Monetary	\$	_____
In-Kind	\$	_____

(7) Expenditures This Report

Monetary Expenditures	\$	_____	<u>158.67</u>
Transfers to Office Account	\$	_____	
Total Monetary	\$	_____	<u>158.67</u>

(8) Other Distributions  
 \$ \_\_\_\_\_

(9) TOTAL Monetary Contributions To Date  
 \$ \_\_\_\_\_ 8,732.45

(10) TOTAL Monetary Expenditures To Date  
 \$ \_\_\_\_\_ 8,732.45

### (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) Donna Jones  
 Individual (only for IE or electioneering comm.)  
 Treasurer  Deputy Treasurer  
Donna Jones  
 Signature

(Type name) Mike Jones  
 Candidate  Chairperson (only for PC and PTY)  
Mike Jones  
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Mike Jones (2) I.D. Number 106718600

(3) Cover Period 11/04/2016 through 02/06/2017 (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	Amendment	Amount
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Mike Jones (2) I.D. Number 106718600

(3) Cover Period 11/04/2016 through 02/06/2017 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number	(7) Street Address & City, State, Zip Code				
11/14/2016	Mike Jones 1311 Overcash Dr Dunedin FL 34698	Loan Repayment	RMB		158.67
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# CONTRIBUTIONS RETURNED

(Section 106.07(4)(b), F.S.)

(PLEASE TYPE)

OFFICE USE ONLY

This report applies only to contributions received by any candidate, committee, or organization but returned to the contributor before being deposited in the campaign account.

Candidate

Committee or Organization

Full Name: Mike Jones

Full Address: 1311 Overcash DR Dunedin FL 34698

Full Name and Address of Contributor:

Mike Jones  
1311 Overcash DR ←  
Dunedin FL 34698

Amount of Contribution: \$ 158.67

Date Received: 6/1/16

Date Returned: 11/14/16

Full Name and Address of Contributor:

\* Loan Money Returned

Amount of Contribution: \$ \_\_\_\_\_

Date Received: \_\_\_\_\_

Date Returned: \_\_\_\_\_

Full Name and Address of Contributor:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of Contribution: \$ \_\_\_\_\_

Date Received: \_\_\_\_\_

Date Returned: \_\_\_\_\_

Full Name and Address of Contributor:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of Contribution: \$ \_\_\_\_\_

Date Received: \_\_\_\_\_

Date Returned: \_\_\_\_\_

I CERTIFY THAT I HAVE EXAMINED THIS REPORT AND IT IS TRUE, CORRECT AND COMPLETE.

Donna Jones

Type or Print Name of Candidate, Treasurer or Chairman

X Donna Jones

Signature

