

CAMPAIGN TREASURER'S REPORT SUMMARY

OFFICE USE ONLY

NOV 21 2016

~~OFFICE OF THE CITY CLERK~~
OFFICE OF THE CITY CLERK

(1) Mike Jones
Name

(2) 1311 Overcash DR
Address (number and street)

Dunedin FL 34698
City, State, Zip Code

(3) ID Number: 106718600

Check here if address has changed

(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 10/15/2016 To 10/21/2016 Report Type 66-16CTR

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ 50.00

Loans \$ _____

Total Monetary \$ _____ 50.00

In-Kind \$ _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ 49.98

Transfers to Office Account \$ _____

Total Monetary \$ _____ 49.98

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ _____ 8,682.45

(10) TOTAL Monetary Expenditures To Date

\$ _____ 8,345.48

(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:

<p>(Type name) <u>Donna Jones</u></p> <p><input type="checkbox"/> Individual (only for IE or electioneering comm.) <input checked="" type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer</p> <p>X <u>Donna Jones</u> Signature</p>	<p>(Type name) <u>Mike Jones</u></p> <p><input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC and PTY)</p> <p>X <u>Mike Jones</u> Signature</p>
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

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

(3) Cover Period 10/15/2016 through 10/21/2016 (4) Page 1 of 2

(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
10/17/2016 <u>1</u>	Larri GERSON 1310 Overcash DR Dunedin FL 34698	Making Stamps	Can		49.98
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