

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

NOV 21 2016

OFFICE OF THE CITY CLERK

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 03/01/2016 To 03/31/2016 Report Type: M-3

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ 450.00

Loans \$ 168.64

Total Monetary \$ 618.64

In-Kind \$ 108.66

(7) Expenditures This Report

Monetary Expenditures \$ 169.67

Transfers to Office Account \$

Total Monetary \$ 169.67

(8) Other Distributions
\$

(9) TOTAL Monetary Contributions To Date
\$ 3,459.64

(10) TOTAL Monetary Expenditures To Date
\$ 675.10

(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

X Donna Jones
Signature

(Type name) Mike Jones

Candidate Chairperson (only for PC and PTY)

X Mike Jones
Signature

(1) Name MIKE JONES

(2) I.D. Number 106718600

(3) Cover Period 03/01/2016 through 03/31/2016 (4) Page 1 of 2

| (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 | | |
| 3,3,16 1 | Paul Harris 104 Lakefront Ct NE Lake Placid, FL 33852 | I | | Che | | | 50.00 |
| 3,3,16 2 | Sabrina C. Smith 1931 Saddle Hill Rd. Dunedin FL 34628 | I | retired | Che | | | 100.00 |
| 3,3,16 3 | Gennaro Diana 1160 Palm Blvd Dunedin FL 34628 | I | retired | Che | | | 100.00 |
| 3,14,16 4 | Mary Jo Wheeler 1167 Cunningham Rd Sebastopol FL 32972 | I | | Payroll | | | 25.00 |
| 3,17,16 5 | Dianne J. Schueldt 2220 Watrous Dr Dunedin FL 34628 | I | retired | Che | | | 100.00 |
| 3,21,16 6 | Miriam S. Blum 2075 Brady Dr Dunedin FL 34628 | I | | Che | | | 50.00 |
| 3,14,16 7 | MIKE JONES 1311 Overcash Dr Dunedin FL 34628 | S | retired | Loa | | | 19.60 |

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 03.01.2016 through 03.31.2016 (4) Page 2 of 2

| (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 | | Amount |
| 3/17/16 8 | Mike Jones 1311 Overcash Dr. Dunedin 34698 | S | Retired | Loa | | | 149.04 |
| 3, 17, 16 9 | Consignment Corner Robert P. Livesey 1440 Main St. Dunedin FL 34698 | B | Business owner | che | | | 25.00 |
| 3, 18, 16 10 | Donna Jones 1311 Overcash Dr. Dunedin FL 34698 | I | Retired | INK | Screws/ Materials for Banner | | 108.66 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Mike Jones

(2) I.D. Number 06218600

(3) Cover Period 03/01/2016 through 03/31/2016

(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 |
|---------------|--|--|----------------------------|-------------------|----------------|
| 3/14/16 1 | PAYPAL 2211 N. FIRST ST SEASIDE, CA 95531 | Processing Fee | MON | | 7.03 |
| 03/14/16 2 | 4 Over 4 1941 46 ST ASTORIA NY 11105 | Media Palmcards | Can | Add | 149.04 |
| 03/21/16 3 | US. Post OFFICE 1750 main st Dunedin FL 34698 | STAMPS | Can | Add | 19.60 |
| 11 | | | | | |
| 11 | | | | | |
| 11 | | | | | |
| 11 | | | | | |
| 11 | | | | | |