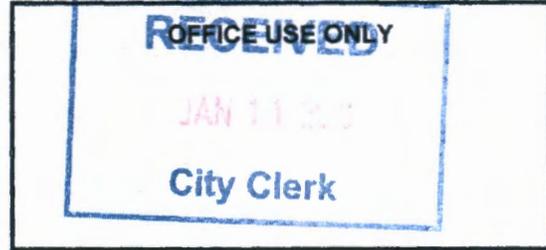# CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Christine Hoffman

Name

(2) 1026 13th St. N.

Address (number and street)

Jacksonville Beach, FL 32250

City, State, Zip Code

☐ **Check here if address has changed**

(3) ID Number: N/A

(4) Check appropriate box(es):

☑ Candidate   Office Sought: City of Jacksonville Beach - At Large Seat 1

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)   ☐ **Check here if PC or ECO has disbanded**

☐ Party Executive Committee (PTY)   ☐ **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

Cover Period: From 12 / 01 / 15   To 12 / 31 / 15   Report Type: 2015-M11

☑ Original   ☐ Amendment   ☐ Special Election Report

(6) Contributions This Report	(7) Expenditures This Report
Cash & Checks $ _ , _ , _ . 17	Monetary Expenditures $ _ , _ , _ . _
Loans $ _ , _ , _ . _	Transfers to Office Account $ _ , _ , _ . _
Total Monetary $ _ , _ , _ .17	Total Monetary $ _ , _ , _ . _
In-Kind $ _ , _ , _ . _	**(8)** Other Distributions $ _ , _ , _ . _

(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date
$ _ , _ , 2100. 64	$ _ , _ , 3. 49

(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) **Matthew C. Bothwell**

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

X _____

Signature

(Type name) **Christine Hoffman**

☑ Candidate   ☐ Chairperson (only for PC and PTY)

X _____

Signature

DS-DE 12 (Rev. 11/13)   SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Christine Hoffman   **(2) I.D. Number** __N/A__

(3) Cover Period 12 / 01 / 2015 through 12/ 31 / 2015   **(4) Page 1 of 1**

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
12/31/2015 1	Vystar Credit Union 100 3rd St. N. Jacksonville Beach, FL 32250	B	Bank	INT			$.17

RECEIVED

JAN 11 2016

City Clerk

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name __Christine Hoffman__

(2) I.D. Number __N/A__

(3) Cover Period __12__ / __01__ / __2015__ through __12__ / __31__ / __2015__

(4) Page ____1____ of _1_

(5) Date (6) Sequence Number	(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
/ /					

DS-DE 14 (Rev. 08/03)   SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES