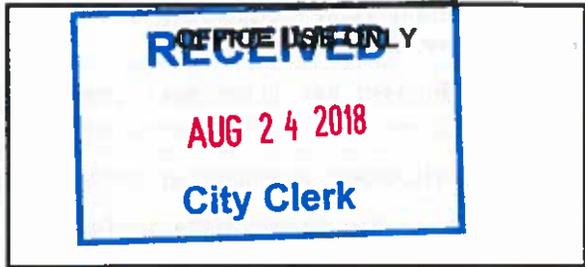


CAMPAIGN TREASURER'S REPORT SUMMARY



(1) Shandy Thompson
 Name
 (2) 522 3rd Ave. S.
 Address (number and street)
Jacksonville, FL 32250
 City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):
 Candidate Office Sought: Jacksonville Beach City Council, Seat 4, District 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 individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 08 / 11 / 18 To 08 / 23 / 18 Report Type: 2018-P3
 Original Amendment Special Election Report

(6) **Contributions This Report**

Cash & Checks \$ _____ , _____ , 280 . 00

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

In-Kind \$ _____ , _____ , 180 . 00

(7) **Expenditures This Report**

Monetary Expenditures \$ _____ , _____ , 292 . 65

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 292 . 65

(8) **Other Distributions**
 \$ _____ , _____ , _____ . _____

(9) **TOTAL Monetary Contributions To Date**
 \$ _____ , _____ , 5 , 251 . 00

(10) **TOTAL Monetary Expenditures To Date**
 \$ _____ , _____ , 2 , 201 . 51

(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) Meyacir Lozada
 Individual (only for IE or electioneering comm) Treasurer Deputy Treasurer
X _____
 Signature

(Type name) Shandy Thompson
 Candidate Chairperson (only for PC and PTY)
X Shandy Thompson
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Shandy Thompson (2) I.D. Number _____

(3) Cover Period 08 / 11 / 18 through 08 / 23 / 18 (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		Amount
08 / 13 / 18 1	Strathern, Fions 3701 Duval Dr. Jacksonville Beach, FL 32250	I	Retired	Check			\$250.00
08 / 14 / 18 2	Kurtis Kreative 317 4th Ave. N. Jacksonville Beach, FL 32250	B		INK	Palm Cards		\$180.00
08 / 21 / 18 3	Renee McLean 1102 Theodore Ave. Jacksonville Beach, FL 32250	I	OT	Check			\$30.00

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Shandy Thompson

(2) I.D. Number _____

(3) Cover Period 08 / 11 / 18 through 08 / 23 / 18

(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
(6) Sequence Number					
08 / 13 / 18	Anedot INC. P.O Box 84314 Baton Rouge, LA 70884	Fees	MON		\$10.30
1					
08 / 16 / 18	Kurtis Kreative 317 4th Ave. N. Jacksonville Beach, FL 32250	Palm Cards-marketing	CAN		\$280.85
2					
08 / 21 / 18	Anedot INC. P.O Box 84314 Baton Rouge, LA 70884	Fees	MON		\$1.50
3					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					