

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Tom Taylor
Name

(2) 603 15th Street North
Address (number and street)

Jax Beach, FL 32250
City, State, Zip Code

Check here if address has changed



(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Jax Beach City Council SEAT 3 AT LARGE
- 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 6/1/16 To 6/24/16 Report Type: _____

- Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 400.00

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 264.80

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

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 400.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 264.80

(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) Tom Taylor

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

X Tom Taylor
Signature

(Type name) Tom Taylor

- Candidate Chairperson (only for PC and PTY)

X Tom Taylor
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Tom Taylor (2) I.D. Number _____

(3) Cover Period 6/1/16 through 6/24/16 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
6,23,16	Tom Taylor 603 15th Street Jax Beach FL 32250	S		CAS			400.00
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/ /							
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name TOM TAYLOR

(2) I.D. Number _____

(3) Cover Period 6/1/16 through 6/24/16

(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
6/23/16	CITY OF JAX BEACH Jax Beach, FL 32258	CAN	CAN		264.80
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