| CAMPAIGN TREASURER'S REPORT SUMMARY | | | | | | |
|---|---|--|--|--|--|--|
| (1) John Auley Name (2) 1/5 A 15t 5t Address (number and street) Acolume Beach, F1 322 (4) City, State, Zip Code | City Clerk's Office City of Neptune Beach | | | | | |
| Check here if address has changed (4) Check appropriate box(es): | (3) ID Number: | | | | | |
| ☐ Candidate Office Sought: ☐ 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 13 1 20 To 6 1 26 1 20 Report Type: 82 | | | | | | |
| ☐ Original ☐ Amendment ☐ Special Election Report | | | | | | |
| (6) Contributions This Report | (7) Expenditures This Report | | | | | |
| Cash & Checks \$,, (00 . 60 | Monetary Expenditures \$, , | | | | | |
| Loans \$, , | Transfers to Office Account \$,, | | | | | |
| Total Monetary \$, , | Total Monetary \$, | | | | | |
| In-Kind \$, , | | | | | | |
| | (8) Other Distributions \$, | | | | | |
| (9) TOTAL Monetary Contributions To Date | (10) TOTAL Monetary Expenditures To Date \$ | | | | | |
| (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) July Caule (Type name) July Caule (| | | | | | |
| ☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.) | ☐ Candidate ☐ Chairperson (only for PC and PTY) | | | | | |
| X Signature | X Signature | | | | | |

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

| (1) Name | | (2) I.D. Number | | | | | | |
|-----------------------------------|---|-----------------------------|------|----------------------|------------------------|-----------|-----------|--|
| (3) Cover Period | 11 | through/ | | 1 | _ (4) Page | | of | |
| (5) | (7) | (8) | | (9) | (10) | (11) | (12) | |
| Date (6) Sequence Number | Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | Contributor Type Occupation | | Contribution Type | In-kind Description | Amendment | Amount | |
| 6,17,20 | Newtwe Boah to | | Ret | CAS | | | 30 | |
| 6,18,20 | Jet Will 718 Flordia Blod Neptone Board 15/2006 | | Prof | CHE | | | # - 50 | |
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES