

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Joshua H. Messinger

Name

(2) 220 Hopkins Street

Address (number and street)

Neptune Beach 32266

City, State, Zip Code

☐ Check here if address has changed



(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate Office Sought: Neptune Beach City Council Seat 4

☐ 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 10 / 01 / 17 To 10 / 31 / 17 Report Type: M10

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 500.00

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 500.00

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 110.73

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

Total Monetary \$ _____ , _____ , 110.73

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 1 , 500.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 110.73

(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) Sybil Ansbacher

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

X Sybil Ansbacher
Signature

(Type name) Joshua Messinger

☒ Candidate ☐ Chairperson (only for PC and PTY)

X Joshua Messinger
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Joshua H. Messinger **(2) I.D. Number** _____

(3) Cover Period 10 / 01 / 17 through 10 / 31 / 17 **(4) Page** 1 of 1

[illegible]

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Joshua H. Messinger

(2) I.D. Number _____

(3) Cover Period 10 01 / 17 / _____ through 10 31 / 17 / _____

(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					
10 25 / 17	Copy Graphics 1261 Penman Road Jacksonville, Florida 32250		CAN		100.04
10 30 / 17	Staples #1915 4016 3rd Street South Jacksonville Beach, Florida 32250		CAN		10.69
// /					
// /					
// /					
// /					
// /					

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Joshua H. Messinger

Name

(2) 220 Hopkins Street

Address (number and street)

Neptune Beach, Florida 32266

City, State, Zip Code

☐ Check here if address has changed



(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate Office Sought: Neptune Beach City Council Seat 4

☐ 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 10 / 01 / 17 To 10 / 31 / 17 Report Type: M10

☐ Original

☒ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 500. 00

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 500. 00

In-Kind \$ _____ , _____ , 0 00

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 210. 73

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

Total Monetary \$ _____ , _____ , 210 73

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 1, 500 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 210 . 73

(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) Sybil B. Ansbacher

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

X Sybil B. Ansbacher
Signature

(Type name) Joshua H. Messinger

☒ Candidate ☐ Chairperson (only for PC and PTY)

X Joshua H. Messinger
Signature

(1) Name Joshua H. Messinger (2) I.D. Number _____

(3) Cover Period 10 / 01 / 17 through 10 / 31 / 17 (4) Page 1 of 1

(2) I.D. Number _____

(4) Page 1 of 1

[illegible]