| CAMPAIGN TREASURER'S REPORT SUMMARY  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| Joshua H. Messinger  Name  | MAY 0 9 2018   |  |  |  |  |  |  |
| (2) 220 Hopkins Street  Address (number and street)  Neptune Beach, Florida 32266                                |  |  |  |  |  |  |  |
| City, State, Zip Code  | City Clerk's Office City of Neptune Beach                      |  |  |  |  |  |  |
| Check here if address has changed  | (3) ID Number:   |  |  |  |  |  |  |
| (4) Check appropriate box(es):   |  |  |  |  |  |  |  |
| (5) Report   | Identifiers  |  |  |  |  |  |  |
| Cover Period: From <u>04</u> /01/18 To   | 04 /30 18 Report Type: 2018-M4                                 |  |  |  |  |  |  |
| ✓ Original   | ecial Election Report  |  |  |  |  |  |  |
| (6) Contributions This Report  Cash & Checks \$,, 1050_00  | (7) Expenditures This Report  Monetary Expenditures \$ , , 75  |  |  |  |  |  |  |
| Loans \$,,  Total Monetary \$,, 1050 00  | Transfers to Office Account \$ , ,  Total Monetary \$ , 1 . 75 |  |  |  |  |  |  |
| In-Kind \$ , , _0  |  |  |  |  |  |  |  |
|  | (8) Other Distributions \$ , ,                                 |  |  |  |  |  |  |
| (9) TOTAL Monetary Contributions To Date \$ , 7 , 17500  | (10) TOTAL Monetary Expenditures To Date \$ , ,841 . 29        |  |  |  |  |  |  |
| (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 (Type name) Joshua H. Messinger   |  |  |  |  |  |  |  |
| ☐ Individual (only for IE ☑ Treasurer ☐ Deputy Treasurer or electioneering comm.)                                | ☑ Candidate ☐ Chairperson (only for PC and PTY)                |  |  |  |  |  |  |
| X Signature B. Anshuhr   | X Signature  |  |  |  |  |  |  |

## **CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS**

| (1) Name           | a H. Messinger   |        |                         | (2) I.D. Number               |                        |           |         |
|--------------------|--|--------|-------------------------|-------------------------------|------------------------|-----------|---------|
| (3) Cover Period   | 04 / 01 / 18   | throug | h / _                   | <sup>30</sup> / <sup>18</sup> | _ (4) Page             | 1         | of      |
| (5)<br>Date<br>(6) | (7) Full Name (Last, Suffix, First, Middle)                                  |        | (8)                     | (9)                           | (10)                   | (11)      | (12)    |
| Sequence<br>Number | Street Address & City, State, Zip Code                                       |        | ntributor<br>Occupation | Contribution<br>Type          | In-kind<br>Description | Amendment | Amount  |
| 04 02 18<br>/ /    | Holly Messinger<br>81 S. Roscoe Blvd<br>Ponte Vedra Beach, FL<br>32082       | I F    | Retired                 | GHE                           |                        |           | 1000.00 |
| 04 / 03 / 18       | Michael Riley<br>1750 Raoul Wallenberg<br>Blvd<br>Charleston, S. C.<br>29407 | 1      |                         | GHE                           |                        |           | 50.00   |
| 1 1                |  |        |                         |                               |                        |           |         |
| 1 1                |  |        |                         |                               |                        |           |         |
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| 11                 |  |        |                         |                               |                        |           |         |
| 1 1                |  |        |                         |                               |                        |           |         |

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

| CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES  (1) Name Joshua H. Messinger (2) I.D. Number |  |  |                            |      |             |  |  |
|---|--|--|----------------------------|------|-------------|--|--|
| (3) Cover Perio   | d 04 / 01 7 018 through 04   | / <sup>30</sup> <sup>2</sup> / <sub>018</sub> (4               | 4) Page                    | 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)<br>Expenditure<br>Type | (10) | (11) Amount |  |  |
| 04 /03 /2018  | Bank of America<br>P.O. Box 15284<br>Wilmington, DE 19850                          | Pay Pal Expense  | CAN                        |      | 1.75        |  |  |
| / /   |  |  |                            |      |             |  |  |
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