

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Donald Maurer
 Name
 (2) 125 Cedar Street
 Address (number and street)
 Neptune Beach, Fla., 32266
 City, State, Zip Code



☐ Check here if address has changed (3) ID Number: _____

(4) Check appropriate box(es): City Council Seat 5
☒ Candidate Office Sought: _____
☐ 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 7, 28, 18 To 8, 10, 18 Report Type: 2018-P2
☒ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____
 Loans \$ _____
 Total Monetary \$ _____
 In-Kind \$ _____

(7) Expenditures This Report

Monetary Expenditures \$ _____
 Transfers to Office Account \$ _____
 Total Monetary \$ _____

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ 0 _____

(10) TOTAL Monetary Expenditures To Date

\$ 0 _____

(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:

Theron Moss
 (Type name)
☐ Individual (only for IE or electioneering comm.) ☒ Treasurer ☐ Deputy Treasurer

X [Signature]
 Signature

Donald Maurer
 (Type name)
☒ Candidate ☐ Chairperson (only for PC and PTY)

X [Signature]
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Donald MAUREN (2) I.D. Number _____

(3) Cover Period 7, 28, 18 through 8, 10, 18 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Donald Maurer

(2) I.D. Number _____

(3) Cover Period 7, 28, 18 through 8, 10, 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
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