CAMPAIGN TREASURER'S REPORT SUMMARY					
Name Address (number and street) City Clerk's Office City of Neptune Beach Check here if address has changed Check appropriate box(es): Check appropriate box(es): Check appropriate Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications) City Clerk's Office City of Neptune Beach City Clerk's Office City of Neptune Beach 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					
Cover Period: From 4 / 14 / To 12 / I Report Type: Original Amendment Special Election Report					
(6) Contributions This Report	(7) Expenditures This Report				
Cash & Checks \$,, Loans \$,, 49 .	Monetary Expenditures \$, , <u>5/</u> Transfers to Office Account \$				
Total Monetary \$, , In-Kind \$, , , .	Total Monetary \$,,				
, , , , , , , , , , , , , , , , , , ,	(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)	(Type name) Chairperson (only for PC and PTY) X Signature				

(1) Name (2) I.D. Number							
(3) Cover Period	d 8 , 24, 18 through 10,	118 (4) Page/	of			
(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) Expenditure Type	(10) Amendment	(11) Amount		
9 14/18	BANK OF AMERICA	SERVICE GEE	CAN		\$1700		
10 11 118	BANK OF AMERICA	SERVICE	CAN		H17 ⁰⁰		
11/11/16	BANK OF HMERRA	SERVICE	CAN		\$1700		
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CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name <i>Do</i>	WALD MAURES	1		(2)	I.D. Number		
(3) Cover Period	8124118	throug	gh <u>//</u> /	118	(4) Page		of
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Туре	-	(9) Contribution Type	(10) In-kind Description	(11)	(12) Amount #49 60
1 1	-						
1 1							
1 1	-						
1 1	-						-
1 1							
/ /							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES