

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Jonathan Pearce  
 Name  
 (2) 632 Sea Pine Way APT B-2  
 Address (number and street)  
Greenwood FL 33415  
 City, State, Zip Code

OFFICE USE ONLY

16 DEC 5 AM 10:28

Handwritten signature/initials

Check here if address has changed

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

- Candidate Office Sought: MAYOR
- 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 11 / 01 / 16 To 11 / 30 / 16 Report Type: M 11

Original       Amendment       Special Election Report

**(6) Contributions This Report**

Cash & Checks      \$ \_\_\_\_\_ , \_\_\_\_\_ , 350.00

Loans      \$ \_\_\_\_\_ , \_\_\_\_\_ , 0.00

Total Monetary      \$ \_\_\_\_\_ , \_\_\_\_\_ , 350.00

In-Kind      \$ \_\_\_\_\_ , \_\_\_\_\_ , 0.00

**(7) Expenditures This Report**

Monetary Expenditures      \$ \_\_\_\_\_ , \_\_\_\_\_ , 0.00

Transfers to Office Account      \$ \_\_\_\_\_ , \_\_\_\_\_ , 0.00

Total Monetary      \$ \_\_\_\_\_ , \_\_\_\_\_ , 0.00

**(8) Other Distributions**

\$ \_\_\_\_\_ , \_\_\_\_\_ , 0.00

**(9) TOTAL Monetary Contributions To Date**

\$ \_\_\_\_\_ , \_\_\_\_\_ , 350.00

**(10) TOTAL Monetary Expenditures To Date**

\$ \_\_\_\_\_ , \_\_\_\_\_ , 0.00

### (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) Jonathan Pearce

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

X \_\_\_\_\_  
 Signature

(Type name) Jonathan Pearce

Candidate     Chairperson (only for PC and PTY)

X \_\_\_\_\_  
 Signature

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name JONATHAN PEAVEL

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 11 / 01 / 16 through 11 / 30 / 16

(4) Page 01 of 01

(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
<u>  /  /  </u>	<u>None</u>				<u>0.00</u>
<u>  /  /  </u>					
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name Jonathan Pearce

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 11 / 01 / 16 through 11 / 30 / 16

(4) Page 01 of \_\_\_\_\_

16 DEC 5 AM 10:28  
 12/01/16  
 12/01/16

(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	Amendment	Amount
11, 23, 16	TRACY MANCINELLE 13820 crosspointe ct.		Retired	che	—	—	350.00
01	Palm beach Gardens, FL 33418	I					
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