

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Jason Revel Maughan
 Name
 (2) 1101 Periwinkle Way, Suite 103
 Address (number and street)
Sanibel, FL 33957
 City, State, Zip Code

OFFICE USE ONLY

RECEIVED BY
 17 FEB -9 PM 1:15
 CITY OF SANIBEL
 ADMIN./LEGIS.

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):
 Candidate Office Sought: Sanibel City Council

- Political Committee (PC) Check here if PC or ECO has disbanded
 Electioneering Communications Org. (ECO) Check here if PTY has disbanded
 Party Executive Committee (PTY) Check here if no other IE or EC reports will be filed
 Independent Expenditure (IE) (also covers an individual making electioneering communications)

(5) Report Identifiers

Cover Period: From 01 / 01 / 17 To 02 / 03 / 17 Report Type: SA1

Original Amendment Special Election Report

(6) Contributions This Report

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

Loans \$ _____ , _____ , 300 . 00

Total Monetary \$ _____ , _____ , _____ . 00

In-Kind \$ _____ , _____ , _____ . 00

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 56 . 00

Transfers to Office Account \$ _____ , _____ , _____ . 00

Total Monetary \$ _____ , _____ , _____ . 00

(8) Other Distributions
 \$ _____ , _____ , _____ . 00

(9) TOTAL Monetary Contributions To Date
 \$ _____ , _____ , 300 . 00

(10) TOTAL Monetary Expenditures To Date
 \$ _____ , _____ , 56 . 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) Jan Claiborne
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

Jan Claiborne
 Signature

(Type name) Jason Revel Maughan
 Candidate Check person (only for PC and PTY)

Jason Revel Maughan
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Jason Revel Maughan

(2) I.D. Number _____

(3) Cover Period 01 / 01 / 17 through 02 / 03 / 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					
2 / 1 / 17	Jason Revel Maughan 2458 Blind Pass Court Sanibel, FL 33957	Reimbursement Filing Fees			
1			RMB		6.00
2 / 2 / 17	AUTHNET GATEWAY 855 Grandview Avenue Suite 110 Columbus, OH 43215	Social Media Facebook App Fee			
2			CAN		50.00
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Jason Revel Maughan (2) I.D. Number _____

(3) Cover Period 01 / 01 / 17 through 02 / 03 / 17 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
01 / 09 / 17 1	Maughan, Jason Revel 2458 Blind Pass Court Sanibel, FL 33957	S	Attorney	LOA			300.00
/ /							
2							
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