FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Jeff Holness Campaign
Name

(2) 920 SW 74 Terr
Address (number and street)

Plantation FL 33317
City, State, Zip Code

OFFICE USE ONLY

☐ CHECK IF ADDRESS HAS CHANGED

(3) ID Number:

(4) Check appropriate box(es):

☒ Candidate (office sought): Plantation City Council, Group 2

☐ Political Committee ☐ CHECK IF PC HAS DISBANDED

☐ Committee of Continuous Existence ☐ CHECK IF CCE HAS DISBANDED

☐ Party Executive Committee

☐ Electioneering Communication ☐ CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 04 / 01 / 13 To 06 / 30 / 13 Report Type Q1

☒ Original ☐ Amendment ☐ Special Election Report ☐ Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks $ 0

Loans $ 0

Total Monetary $ 0

In-Kind $ 0

(7) EXPENDITURES THIS REPORT

Monetary Expenditures $ 0

Transfers to Office Account $

Total Monetary $ 0

(8) Other Distributions

$ 0

(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.

(Type name) Septha "Jeff" Holness

☐ Individual (only for electioneering commun.) ☒ Treasurer ☐ Deputy Treasurer

X

Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Septha Holness

☒ Candidate ☐ Chairperson (only for PC, PTY & electioneering commun. organization)

X

Signature

DS-DE 12 (Rev. 08/04)

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Jeff Holness Campaign (2) I.D. Number

(3) Cover Period 04 / 01 / 13 through 06 / 30 / 13 (4) Page 1 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) Expenditure Type	(10) Amendment	(11) Amount
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No Activity

DS-DE 14 (Rev. 08/03)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Jeff Holness Campaign **(2) I.D. Number** _____

(3) Cover Period 04/01/13 through 06/30/13 **(4) Page** 1 of 1

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
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No Activity

DS-DE 13 (Rev. 08/03) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES