

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

OFFICE USE ONLY

(1) Jillian BAUER ELKINS

Name

(2) 2899 S.E. Pace Dr.

Address (number and street)

P.S.L., FL 34984

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought):

CITY COUNCIL DIST. # 1

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 8/20/10 To 10/15/10 Report Type TR

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ _____

Loans \$ _____

Total Monetary \$ _____

In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 598

Transfers to Office Account \$ _____

Total Monetary \$ 598

(8) Other Distributions \$ _____

(9) TOTAL Monetary Contributions To Date
\$ 1730.33

(10) TOTAL Monetary Expenditures To Date
\$ 1730.33

(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) Jillian BAUER ELKINS

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) Jillian Bauer ELKINS

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

X _____
Signature

OCT 26 '10 PM 3:29

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Jillian BAUER ELKINS (2) I.D. Number _____
 (3) Cover Period 8/20/10 through 10/15/10 (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					
9/15/10	Jillian Bauer ELKINS 2899 S.E. Pace Dr. PSC, FL	Repay Loans	REF.		253
9/15/10	Jillian Bauer ELKINS 2899 S. E. Pace Dr. PSC, FL 34984	SIGN DEP. REFUND	REFUND		(250 ⁰⁰)
9/15/10	Jillian Bauer ELKINS 2899 S.E. PACE Dr. PSC, FL 34984	Repay loan	REF.		95 ⁰⁰
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