

**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)  
PSL, 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
- Committee of Continuous Existence
- Party Executive Committee
- Electioneering Communication

- CHECK IF PC HAS DISBANDED
- CHECK IF CCE HAS DISBANDED

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 7-13-10 To 8-19-10 Report Type F3

- Original
- Amendment
- Special Election Report
- Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ \_\_\_\_\_  
Loans \$ 96.33  
Total Monetary \$ \_\_\_\_\_  
In-Kind \$ \_\_\_\_\_

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ \_\_\_\_\_  
Transfers to Office Account \$ \_\_\_\_\_  
Total Monetary \$ \_\_\_\_\_

(8) Other Distributions \$ \_\_\_\_\_

(9) TOTAL Monetary Contributions To Date \$ 1730.33

(10) TOTAL Monetary Expenditures To Date \$ \_\_\_\_\_

**(11) CERTIFICATION**

It is a first degree misdemeanor for any person to falsify a public record (ss. 830.13, 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