

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Troy Kent
 Name
 (2) 130 Magnolia Dr.
 Address (number and street)
Ormond Beach, FL. 32176
 City, State, Zip Code

OFFICE USE ONLY

Thurs 7/12/18 10:51 AM

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: _____
- 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 6 / 23 / 18 To 7 / 6 / 18 Report Type: P2

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, 1 , 500 . 00

Loans \$, , .

Total Monetary \$, , .

In-Kind \$, , .

(7) Expenditures This Report

Monetary Expenditures \$, , 131 . 37

Transfers to Office Account \$, , .

Total Monetary \$, , .

(8) Other Distributions

\$, , .

(9) TOTAL Monetary Contributions To Date

\$, 21 , 675 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 2 , 452 . 29

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

X 
 Signature

(Type name) Troy Kent
 Candidate Chairperson (only for PC and PTY)

X 
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Troy Kent (2) I.D. Number _____

(3) Cover Period 6 / 23 / 18 through 7 / 6 / 18 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation				
6 / 25 / 18 1	Charles H. Lydecker 607 N Beach St. Ormond Beach, FL. 32174	I	Insurance Company CEO	CHE			1,000.00
6 / 25 / 18 2	Eagle Property Management Co. 725 West Granada Blvd Suite 48 Ormond Breach, FL. 32174	B	Property Management	CHE			500.00
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Troy Kent

(2) I.D. Number _____

(3) Cover Period 6 / 23 / 18 through 7 / 6 / 18

(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					
6 / 25 / 18	City Of Ormond Beach 22 South Beach St. Ormond Beach, FL. 32174	Candidate Qualifying Fee	CAN		131.37
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