

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Troy Kent

(2) I.D. Number _____

(3) Cover Period 8 / 11 / 18 through 8 / 23 / 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
8 / 22 / 18	Bonefish Grill 814 South A1A Ormond Beach, FL. 32176	Campaign Team Meeting	REF	ADD	-4.11
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