

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) JASON MCGUIRK
 Name
 (2) 77 CUNNINGHAM DR.
 Address (number and street)
New Smyrna Beach, FL 32168
 City, State, Zip Code

OFFICE USE ONLY
RECEIVED
 OFFICE OF THE CITY CLERK
 DATE 6-8-2016

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: NSB City Commission Zone 3
- 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 05/01/16 To 05/31/16 Report Type: MIS

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 325.00

Loans \$ _____, _____, _____

Total Monetary \$ _____, _____, _____

In-Kind \$ _____, _____, _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 70.00

Transfers to Office Account \$ _____, _____, _____

Total Monetary \$ _____, _____, _____

(8) Other Distributions

\$ _____, _____, _____

(9) TOTAL Monetary Contributions To Date

\$ _____, 8,650.00

(10) TOTAL Monetary Expenditures To Date

\$ _____, 1,386.41

(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) TEGIE S. RAMSEY

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

Tegie Ramsey
 Signature

(Type name) JASON MCGUIRK

Candidate Chairperson (only for PC and PTY)

J McGuirk
 Signature

CAMPAIGN REASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name JASON McGUIRK (2) I.D. Number _____

(3) Cover Period 051 011 16 through 051 911 16 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
051 31 116	DANIEL S. PARKER	1	IRONWORKER	CHE			250.00
001	237 QUAY ASSISI NSB, FL 32169						
051 31 116	W. F. COTHBERT	1		CHE			50.00
002	3536 OMNI CIR. EDGEWATER, FL 32141						
051 31 116	MARGARET M. MCDONALD	1		CHE			25.00
003	730 PINE SHORES CIR NSB, FL 32168						
1 1							
1 1							
1 1							
1 1							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name JASON M^OGUIRK

(2) I.D. Number _____

(3) Cover Period 05/01/16 through 05/31/16

(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					
5/12/16	Jim Layette PHOTOGRAPHY 2475 BUENELL CT NSB, FL 32168	PHOTO	CAN		50.00
01					
5/20/16	Image Today P.O. Box 386 NSB, FL 32170	PRODUCTION	CAN		20.00
02					
/ /					
/ /					
/ /					
/ /					
/ /					

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) JASON McGUIRK
Name

(2) 310 ELEANORE Ave.
Address (number and street)

New Smyrna Beach, FL 32168
City, State, Zip Code

OFFICE USE ONLY

RECEIVED

OFFICE OF THE CITY CLERK

DATE 5-6-2016

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: NSB City Commission Zone 3

Political Committee (PC)

Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded

Party Executive Committee (PTY) Check here if PTY has disbanded

Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 04/01/16 To 04/30/16 Report Type: M4

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, 200. 00

Loans \$ _____, _____, _____

Total Monetary \$ _____, _____, _____

In-Kind \$ _____, _____, _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 0

Transfers to Office Account \$ _____, _____, _____

Total Monetary \$ _____, _____, _____

(8) Other Distributions

\$ _____, _____, _____

(9) TOTAL Monetary Contributions To Date

\$ _____, 8,325. 00

(10) TOTAL Monetary Expenditures To Date

\$ _____, 1,316. 41

(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) Tegie S. Ramsey

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

X Tegie Ramsey
Signature

(Type name) JASON McGUIRK

Candidate Chairperson (only for PC and PTY)

X J. McGuirk
Signature

CAMPAIGN MEASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name JASON MCGUIRK (2) I.D. Number _____

(3) Cover Period 04 1 01 16 through 04 1 30 16 (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	Type	Description		
04, 08, 16	Peter J. Beaulieu 711 A S. Glencoe Rd. NSD, FL 32168	1		CHE			100.00
01							
04, 08, 16	Buddy Davenport Ins. Agt 1305 St Rd 44 NSD, FL 32168	B	INSURANCE	CHE			100.00
02							
1 1							
1 1							
1 1							
1 1							

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) JASON MCGUIRK
Name

(2) 310 ELEANORE AVE
Address (number and street)
NEW SMYRNA BEACH, FL 32168
City, State, Zip Code

**OFFICE USE ONLY
RECEIVED**

OFFICE OF THE CITY CLERK
DATE 4-5-2016

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: NSB City Commission Zone 3
- 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 03 1 01 1 16 To 03 1 31 1 16 Report Type: M3

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, 1,275. 00

Loans \$, , .

Total Monetary \$, , .

In-Kind \$, , .

(7) Expenditures This Report

Monetary Expenditures \$, , 10. 00

Transfers to Office Account \$, , .

Total Monetary \$, , .

(8) Other Distributions
\$, , .

(9) TOTAL Monetary Contributions To Date
\$, 8,125. —

(10) TOTAL Monetary Expenditures To Date
\$, 1,316. 41

(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) TEGIE S. RAMSEY
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X Tegie S. Ramsey
Signature

(Type name) JASON MCGUIRK
 Candidate Chairperson (only for PC and PTY)

X J. McGuirk
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name JASON MCGUIRK (2) I.D. Number _____

(3) Cover Period 03/01/2016 through 03/31/2016 (4) Page 1 of 2

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
		Type	Occupation				
3, 4, 16 01	FRANKIE ROBERT 1340 SCARLETT TRL. NSB, FL 32168	1	RETIRED	CHE			25.00
3, 4, 16 02	TOM ROBERT 1340 SCARLETT TRL. NSB, FL 32168	1	RETIRED	CHE			25.00
3, 11, 16 03	JAMES T FROST 207 OCEAN DR. NSB, FL 32169	1	Dir. Non-Profit	CHE			75.00
3, 11, 16 04	RICHARD CASEY 803 OAKWOOD AVE NSB, FL 32169	1	ATTORNEY	CHE			250.00
3, 11, 16 05	CHARLES CHISHOLM 464 COBBIN PARK RD NSB, FL. 32168	1	Retired	CHE			100.00
3, 18, 16 06	TRAVOUS DEVER, PL 3314 S. ATLANTIC AVE NSB, FL 32169	B	REALTOR	CHE			100.00
3, 18, 16 07	ADAM BARRINGER 737 LAUREL BAY CIR NSB, FL 32169	1		CHE			100.00

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name JASON MCGUIRK (2) I.D. Number _____

(3) Cover Period 03 1 01 1 2016 through 03 1 31 1 2016 (4) Page 2 of 2

(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							
3, 25, 16	Tom DESIMONE 226 FAIRGREEN AVE NSB, FL 32168	1	ARCHITECT	CITE			100.00
08							
3, 31, 16	WILLIAM HALL 48 FAIRGREEN AVE NSB, FL 32168	1	RETIRED	CITE			50.00
09							
3, 31, 16	SOUTHEAST POOL & SPA NSB, FL 32168	B	POOL	CITE			200.00
10							
3, 31, 16	FRANCI C. DAVIS 101 RIVERVIEW PK NSB, FL 32169	1	REALTOR	CITE			250.00
11							
1 1							
1 1							
1 1							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name JASON MCGUIRK

(2) I.D. Number _____

(3) Cover Period 03/01/16 through 03/31/16

(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					
03/31/16	REGIONS BANK NSB, FL 32168	CHECKS	CAN		10.00
01					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) JASON MCGUIRK
 Name
 (2) 310 ELEANORE AVE
 Address (number and street)
NEW SMYRNA BEACH, FL 32168
 City, State, Zip Code

OFFICE USE ONLY
RECEIVED
 OFFICE OF THE CITY CLERK
 DATE 3-7-2016

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: NSB City Commission Zone 3

Political Committee (PC)

Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded

Party Executive Committee (PTY) Check here if PTY has disbanded

Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 02 / 01 / 2016 To 02 / 29 / 2016 Report Type: M2

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ 5,850.00

Loans \$ 1,000.00

Total Monetary \$ 6,850.00

In-Kind \$ 75.00

(7) Expenditures This Report

Monetary Expenditures \$ 1,306.41

Transfers to Office Account \$ _____

Total Monetary \$ 1,306.41

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ 6,850.00

(10) TOTAL Monetary Expenditures To Date

\$ 1,306.41

(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) TEGIE S. RAMSEY

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

Tegie Ramsey
 Signature

(Type name) Jason McGuirk

Candidate Chairperson (only for PC and PTY)

J. McGuirk
 Signature

Due before 3/10

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name JASON MCGUIRK (2) I.D. Number _____

(3) Cover Period 02 / 01 / 2016 through 02 / 29 / 2016 (4) Page 1 of 6

(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	Type	Description		
02, 11 116 01	JASON MCGUIRK 77 CUNNINGHAM DR NSB, FL 32168	S LOA	CANDIDATE	LOA	N		1,000.00
02, 18 116 02	CARR, JR L.S. 2294 Hawks Cove Cir NSB, FL 32168	1	Retired	CHE			25.00
02, 18 116 03	JONES, JAMES A. 831 FAIRWAY DR. NSB, FL 32168	1	Contractor	CHE			100.00
02, 18 116 04	SNYRNA VETERINARY HOSPITAL 44 N. DINE FREEWAY NSB, FL 32168	B	VETERINARIAN	CHE			100.00
02, 18 116 05	BURKHALTER, B 806 E 16TH AVE NSB, FL 32168	1		CHE			50.00
02, 18 116 06	HIGGENBOTHAM, DENNIS D. 104 RIVERSIDE DR. NSB, FL 32168	1	Auto Dealer	CHE			250.00
02, 18 116 07	KIM LURKINS P.O. Box 513 NSB, FL 32170	1	NURSE	CAS			50.00

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name JASON MCGUIRK (2) I.D. Number _____

(3) Cover Period 02 10 1 2016 through 02 1 29 1 2016 (4) Page 2 of 6

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
		Type	Occupation				
02, 25, 16	GENTRY BAUMANN - ROBINSON 129 ELLISON AVE NSA, FL 32168	1		CHE			25.00
08							
2, 25, 16	EUGENE SHELDON 810 MARLYN AVE NSA, FL 32169	1	Retired	CHE			100 ⁰⁰
09							
2, 25, 16	KIMBERLY BROOKS 79 CUNNINGHAM DR NSA, FL 32168	1	CEO Subway System	CHE			250 ⁰⁰
10							
2, 25, 16	JOSEPH BENEDICT III 695 AIRPORT RA NSA, FL 32168	1	Retired	CHE			250 ⁻
11							
2, 25, 16	SERG SORESE 1001 FAULKNER ST NSA, FL 32168	1	Bakery Owner	CHE			200 ⁰⁰
12							
2, 25, 16	DAN COY 12 HARRIS CIR Edgewater, FL 32141	1	Ret.	CHE			50.00
13							
2, 25, 16	JAMES VANDERGRIFT P.O. Box 1106 NSA, FL 32170	1	Ret. - Gym Owner	CHE.			100.00
14							

11

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name JASON MCGUIRK (2) I.D. Number _____

(3) Cover Period 02/01/16 through 02/29/16 (4) Page 3 of 6

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
2, 25, 16	WALTER DAVIS	1	BUS OWNER AC	CHE			250.00
15	2762 TURNBULL DAY RD. NSD, FL 32168						
2, 25, 16	CLAY DAVIS	1	BUS. OWNER A/K	CHE			100.00
16	431 CORBIN PK. RD NSD, FL 32168						
2, 25, 16	LEE GRIFFITH	1	OWNER GOLF COURSE	CHE			500.00
17	214 GOLF CLUB DR NSD, FL 32168						
2, 25, 16	MEGAN BAGWELL	1	DR.	CHE			150.00
18	10 ARROWHEAD DR. ORMOND BEACH, FL 32074						
2, 25, 16	JACK HAYMAN	1	RETIRED	CHE			250.00
19	3009 TRAVELERS PALM DR EDGEWATER, FL 32141						
2, 25, 16	JOHN ALICE BUNNET	1	RETIRED	CHE			250.00
20	695 W. AIRPORT RD NSD, FL 32168						
2, 25, 16	TOM ALCORN	1		CHE			50.00
21	240 GOLF CLUB DR NSD, FL 32168						

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name JASON MCGUIRK (2) I.D. Number _____

(3) Cover Period 02/01/16 through 02/29/16 (4) Page 4 of 6

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description	Amendment	Amount
21 25 16	JOSEPH THOMAS 126 E 9th COURT HIALEAH, FL 33010	1	Retired	CHe			500.00
22							
21 25 16	JOHN DAHL 226 GOLF CLUB DR NSA, FL 32168	1	Retired	CHe			100.00
23							
21 25 16	JOHN CORY 1941 JUNGLE Rd NSA, FL 32168	1	Ret.	CHe			50.00
24							
21 25 16	RAYMOND JONES P.O. Box 1958 NSA, FL 32168	1	Ret	CHe			200.00
25							
21 25 16	JOHN MCGUIRK 320 UNIVERSITY Dr. CORAL GABLES, FL 33134	1	Lawyer	CHe			500.00
26							
21 25 16	ROBERT LLOYD P.O. Box 2412 DAYTONA BEACH, FL 32115	1	Attorney	CHe			2500
27							
21 25 16	JOHN VAZ QUEZ 248 GOLF CLUB DR NSA, FL 32168	1	REALTOR	CHe			500.00
28							

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name JASON MCGUIRK (2) I.D. Number _____

(3) Cover Period 02/01/16 through 02/29/16 (4) Page 5 of 6

(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	Type	Description		
2, 25, 16	CHARLES HALL P.O. Box 1617 TRYON, NC 28782	B	ATTORNEY	CHe			100.00
29							
2, 25, 16	KAYE WALKER 2428 S. GLENCOLE NSB, FL 32168	1	Ret.	CHe			100.00
30							
2, 25, 16	GULFSTREAM GLASS of VOLUNIA CTY, INC P.O. Box 1270 NSB, FL 32170	B	GLASS Co.	CHe			100.00
31							
2, 25, 16	MARK HALL 124 FAULKNER ST NSB, FL 32168	B	ATTORNEY	CHe			50.00
32							
2, 25, 16	BEACHSIDE GARDENS 807 OAKVIEW DR. NSB, FL 32169	B	LANDSCAPE	CHe			250.00
33							
2, 25, 16	MON DE LEE FRENCH BAKERY 557 E. THIRD AVE NSB, FL 32169	B		INK	FOOD FOR FUNDRAISE		75.00
34							
2, 29, 16	LAWRENCE BARNHINE 19 TRAP CIE. NSB, FL 32168	1		CHe			50.00
35							

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name JASON MCGUIRK (2) I.D. Number _____

(3) Cover Period 02/01/2016 through 02/29/2016 (4) Page 6 of 6

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor		(9) Contribution	(10) In-kind	(11)	(12)
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description	Amendment	Amount
2, 29, 16	ANDREA TRUMBOW 111 CUNNINGHAM DR. NSB, FL 32168	1	GUARDIAN	CHE			100.00
36							
2, 29, 16	ROBERT WHITE 926 CLUB HOUSE BLVD. NSB, FL 32168	1	RETIRED	CHE			250.00
37							
2, 29, 16	GRANDE KEY PROPERTIES, LLC 1113 TURNBOLL ST NSB, FL 32168	B	REALTOR	CHE			100.00
38							
1 1							
1 1							
1 1							
1 1							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name JASON M. GURK (2) I.D. Number _____

(3) Cover Period 02/01/2016 through 02/29/2016 (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
02/11/16	New Smyrna Post Office	STAMPS	CAN		98.00
01	NSB, FL 32168				
02/17/16	New Smyrna Beach Post Office	STAMPS	CAN		49.00
02	NSB, FL 32168				
02/18/16	Hendricks Printing Co.	ELECTION PACKETS	CAN		174.66
03	704 UNIT 1 W. PARK AVE Edgewater, FL 32132				
2/25/16	HIDDEN LAKES GOLF CLUB	Reception	CAN		942.15
04					
2/26/16	Hendricks Printing Co.	BUS. CARDS	CAN		42.60
05	704 UNIT 1 W. PARK AVE Edgewater, FL 32132				
1/1					
1/1					
1/1					

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)
(Please print or type)

OFFICE USE ONLY

RECEIVED
OFFICE OF THE CITY CLERK
DATE 2-5-2016

I, Jason McGuirk,
candidate for the office of NSB City Commissioner Zone 3;
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X

J. McGuirk
Signature of Candidate

2/5/16

Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

**NOTE: This form must be on file with the qualifying
officer before opening the campaign account.**

RECEIVED

OFFICE OF THE CITY CLERK

DATE 2-5-2016

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)

Andrew Jason McGuirk

3. Address (include post office box or street, city, state, zip code)

*77 Cunningham Dr.
NSB, FL 32168*

4. Telephone

(386) 451-4570

5. E-mail address

DQNSB@yahoo.com

6. Office sought (include district, circuit, group number)

*NSB city commission
zone 3*

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In No Party Affiliation _____ Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Tegie S. Ramsey

11. Mailing Address

115 Aqua Ct

12. Telephone

(386) 423-5169

13. City

New Smyrna Beach

14. County

Volusia

15. State

FL

16. Zip Code

32168

17. E-mail address

mpmts@cfi.rr.com

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank

Regions Bank

20. Address

900 N. Dixie Freeway

21. City

NSB

22. County

Volusia

23. State

FL

24. Zip Code

32168

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

2/5/16

26. Signature of Candidate

X J. McGuirk

27. **Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)

I, *Tegie S. Ramsey*, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

2/5/2016
Date

X Tegie Ramsey Treasurer
Signature of Campaign Treasurer or Deputy Treasurer

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

RECEIVED

OFFICE OF THE CITY CLERK

DATE 2-5-2016

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

2. Name of Candidate (in this order: First, Middle, Last)

Andrew Jason McGuirk

3. Address (include post office box or street, city, state, zip code)

*77 Cunningham Dr.
NSB, FL 32168*

4. Telephone

(386) 451-4570

5. E-mail address

DQNSB@yahoo.com

6. Office sought (include district, circuit, group number)

*NSB city commission
zone 3*

7. If a candidate for a nonpartisan office, check if applicable:

My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

Write-In No Party Affiliation _____ Party candidate.

9. I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Jason McGuirk

11. Mailing Address

77 Cunningham Dr.

12. Telephone

(386) 451-4570

13. City

NSB

14. County

Volusia

15. State

FL

16. Zip Code

32168

17. E-mail address

DQNSB@yahoo.com

18. I have designated the following bank as my Primary Depository Secondary Depository

19. Name of Bank

Regions Bank

20. Address

900 N. Dixie Freeway

21. City

NSB

22. County

Volusia

23. State

FL

24. Zip Code

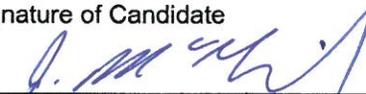
32168

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

2/5/16

26. Signature of Candidate

X 

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, *Jason McGuirk*, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

2/5/16

Date

X

Signature of Campaign Treasurer or Deputy Treasurer

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) JASON MCGUIRK

Name

(2) 77 CUNNINGHAM DR.

Address (number and street)

NEW SMYRNA BEACH, FL 32168

City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: CITY COMMISSIONER ZONE 3

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

OFFICE USE ONLY
RECEIVED

OFFICE OF THE CITY CLERK

DATE 9-21-16

(5) Report Identifiers

Cover Period: From 09 1 03 1 16 To 09 1 16 1 16 Report Type: TR

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 115.5

Loans \$ _____ , _____ , _____

Total Monetary \$ _____ , _____ , _____

In-Kind \$ _____ , _____ , _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , 1,139.71

Transfers to Office Account \$ _____ , _____ , _____

Total Monetary \$ _____ , _____ , _____

(8) Other Distributions

\$ _____ , _____ , _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 8,965.50

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 8,965.50

(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)

TEGIE S. RAMSEY

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

X Tegie S. Ramsey
Signature

(Type name)

JASON MCGUIRK

Candidate Chairperson (only for PC and PTY)

X J. McGuirk
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name JASON McGUIRK

(2) I.D. Number _____

(3) Cover Period 09 10 3 1 16 through 09 1 16 1 16

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
09 14 16	Peter C. Beauvieu	1	REALTOR	CHE			77.00
001	711 S. Glencoe Rd NSB, FL 32168						
09 14 16	Tom + Frankie Robert	1		CHE			38.50
002	1340 SCARLETT TR. NSB, FL 32168						
1 1							
1 1							
1 1							
1 1							
1 1							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name JASON MCGUIRK

(2) I.D. Number _____

(3) Cover Period 09 / 03 / 16 through 09 / 16 / 2016

(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					
09/14/16	JASON MCGUIRK 77 CUNNINGHAM DR. NSB, FL 32168	Refund of LOAN	REF		1,000.00
001					
09/14/16	CUDAS UNHOOKED 1211 PEARL ST NSB, FL 32168	Close Account	DIS		129.71
002					
09/14/16	REGIONS BANK NSB, FL. 32168		CAN		10.00
003					
1 / 1					
1 / 1					
1 / 1					
1 / 1					

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) JASON MCGUIRK

Name

(2) 77 CUNNINGHAM DR.

Address (number and street)

NEW SMYRNA BEACH, FL 32168
City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: NSB City Commission Zone 3

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

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OFFICE OF THE CITY CLERK

DATE 9-9-2016

(5) Report Identifiers

Cover Period: From 08 / 26 / 16 To 09 / 02 / 2016 Report Type: G1

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, 00 . _____

Loans \$ _____, _____, _____ . _____

Total Monetary \$ _____, _____, _____ . _____

In-Kind \$ _____, _____, _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, 00 . _____

Transfers to Office Account \$ _____, _____, _____ . _____

Total Monetary \$ _____, _____, _____ . _____

(8) Other Distributions

\$ _____, _____, _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____, 8,850.00

(10) TOTAL Monetary Expenditures To Date

\$ _____, 7,825.79

(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) TEGIE S. RAMSEY

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

Tegie S. Ramsey
Signature

(Type name) JASON MCGUIRK

Candidate Chairperson (only for PC and PTY)

J. McGuirk
Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) JASON MCGUIRK
Name

(2) 17 CUNNINGHAM DR.
Address (number and street)

NEW SMYRNA BEACH, FL 32168
City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: NSB City Commission Zone 3
- Political Committee (PC)
- Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded
- Party Executive Committee (PTY) Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

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OFFICE OF THE CITY CLERK

DATE 8-30-2016

(5) Report Identifiers

Cover Period: From 08/13/16 To 08/25/16 Report Type: P167X

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 00 - _____

Loans \$ _____, _____, _____ . _____

Total Monetary \$ _____, _____, _____ . _____

In-Kind \$ _____, _____, _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, 00 - _____ . _____

Transfers to Office Account \$ _____, _____, _____ . _____

Total Monetary \$ _____, _____, _____ . _____

(8) Other Distributions

\$ _____, _____, _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____, 8,850 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____, 7,825 . 79

(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) TEGIE S. RAMSEY

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

X Tegie Ramsey
Signature

(Type name) JASON MCGUIRK

Candidate Chairperson (only for PC and PTY)

X J. McGuirk
Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) JASON McGUIRK
 Name
 (2) 77 CUNNINGHAM DR.
 Address (number and street)
NEW SMYRNA BEACH, FL 32168
 City, State, Zip Code

OFFICE USE ONLY
RECEIVED
 OFFICE OF THE CITY CLERK
 DATE 8-18-2016

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: NSB City Commission Zone 3

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 07/30/2016 To 08/12/16 Report Type: P5

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 0 - _____

Loans \$ _____, _____, _____ . _____

Total Monetary \$ _____, _____, _____ . _____

In-Kind \$ _____, _____, _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, 0 , _____ . _____

Transfers to Office Account \$ _____, _____, _____ . _____

Total Monetary \$ _____, _____, _____ . _____

(8) Other Distributions

\$ _____, _____, _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____, 8,850 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____, 7,825 . 79

(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) TEGIE S. RAMSEY

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

X Tegie S. Ramsey
 Signature

(Type name) JASON McGUIRK

Candidate Chairperson (only for PC and PTY)

X J. McGuirk
 Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) JASON MCGUIRK
Name

(2) 77 CUNNINGHAM DR.
Address (number and street)
NEW SMYRNA BEACH, FL 32168
City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: NSB City Commissioner Zone 3
- 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

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OFFICE OF THE CITY CLERK

DATE 8-5-2016

(5) Report Identifiers

Cover Period: From 07/23/16 To 07/29/16 Report Type: P4

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 0 . _____

Loans \$ _____, _____, _____ . _____

Total Monetary \$ _____, _____, _____ . _____

In-Kind \$ _____, _____, _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, 0, _____ . _____

Transfers to Office Account \$ _____, _____, _____ . _____

Total Monetary \$ _____, _____, _____ . _____

(8) Other Distributions

\$ _____, _____, _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____, 8,850 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____, 7,825 . 79

(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) TEGIE S. RAMSEY

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

X Tegie Ramsey
Signature

(Type name) JASON MCGUIRK

Candidate Chairperson (only for PC and PTY)

X J. McGuirk
Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

OFFICE USE ONLY
RECEIVED
OFFICE OF THE CITY CLERK
DATE 7-28-2016

(1) JASON MCGUIRK
 Name

(2) 77 CUNNINGHAM DR.
 Address (number and street)

NEW SMYRNA BEACH, FL 32168
 City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: NSB City Commissioner Zone 3
- Political Committee (PC)
- Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded
- Party Executive Committee (PTY) Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 07/09/16 To 07/22/16 Report Type: P3

- Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, 00 - _____

Loans \$ _____, _____, _____

Total Monetary \$ _____, _____, _____

In-Kind \$ _____, _____, _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, 6,044.50

Transfers to Office Account \$ _____, _____, _____

Total Monetary \$ _____, _____, _____

(8) Other Distributions

\$ _____, _____, _____

(9) TOTAL Monetary Contributions To Date

\$ _____, 8,850.00

(10) TOTAL Monetary Expenditures To Date

\$ _____, 7,825.79

(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) Tegie S. Ramsey

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

X Tegie S. Ramsey
 Signature

(Type name) JASON MCGUIRK

Candidate Chairperson (only for PC and PTY)

X J. McGuirk
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name JASON M^cGUIRK

(2) I.D. Number _____

(3) Cover Period 07/09/16 through 07/22/16

(4) Page 1 of 7

(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					
07/18/16	L. S. CARR JR. 2294 HAWKS COVE CIR NSB, FL 32168		REF		-19.25
001					
07/18/16	JAMES A. JONES 831 FAIRWAY CIR NSB, FL 32168		REF		-77.00
002					
07/18/16	Smyrna Vet. Hosp. 1147 N. DIXIE FREEWAY NSB, FL 32168		REF		-77.00
003					
07/18/16	B. BURKHALTER 806 E 16 th AVE. NSB, FL 32168		REF		-88.50
004					
07/18/16	DENNIS D. HIGGENBOTHAM 104 RIVERSIDE DR. NSB, FL 32168		REF		-192.50
005					
07/18/16	Kim LURKINS P.O. Box 513 NSB, FL 32170		REF		-38.50
006					
07/18/16	GENTRY BAUMLINE--ROBINSON 129 ELLISON AVE NSB, FL 32168		REF		-19.25
007					
07/18/16	EUGENE SHELDON 810 MARILYN AVE NSB, FL 32169		REF		-77.00
008					

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name JASON MCGUIRK

(2) I.D. Number _____

(3) Cover Period 07/09/16 through 07/22/16

(4) Page 2 of 7

(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					
07/18/16	Kimberly Brooks 79 CUNNINGHAM DR NSB, FL 32168		REF		-192.50
009					
07/18/16	Joseph Benedict 695 AIRPORT RA. NSB, FL 32168		REF		-192.50
010					
07/18/16	SERGE SORESE 1001 FAULKNER ST. NSB, FL 32168		REF		-154.00
011					
07/18/16	DAN COY 12 HARRIS CIR. EDGEWATER, FL 32141		REF		-38.50
012					
07/18/16	JAMES VANDERGRIF P.O. Box 1106 NSB, FL 32170		REF		-77.00
013					
07/18/16	WALTER DAVIS 2762 TURNBOLL BAY RA. NSB, FL 32168		REF		-192.50
014					
07/18/16	CLAY DAVIS 431 CORBIN PK RA. NSB, FL 32168		REF		-77.00
015					
07/18/16	LEE GRIFFIN 214 GOLF CLUB DR NSB, FL 32168		REF		-385.00
016					

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name JASON MCGUIRK

(2) I.D. Number _____

(3) Cover Period 07/09/16 through 07/22/16

(4) Page 3 of 7

(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					
07/18/16	MEGAN BAGWELL 10 ARROWHEAD DR. ORMOND BEACH, FL 32174		REF		.11550
017					
07/18/16	JACK HAYMAN 3003 TRAVELERS PALM DR. EDGEWATER, FL 32141		REF		.192.50
018					
07/18/16	ALICE BENEDICT 695 AIRPORT RA. NSB, FL 32168		REF		.192.50
019					
07/18/16	TOM ALCORN 240 GOLF CLUB DR. NSB, FL 32168		REF		.38.50
020					
07/18/16	JOHN DAHL 226 GOLF CLUB DR NSB, FL 32168		REF		.77.00
021					
07/18/16	JOHN CORY 1941 JUNQUE RA NSB, FL 32168		REF		.38.50
022					
07/18/16	RAYMOND JONES P.O. BOX 1958 NSB, FL 32170		REF		.154.00
023					
07/18/16	JAMES MCGUIRK 320 UNIVERSITY DR. CORAL GABLES, FL 33134		REF		.385.00
024					

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name JASON McGUIRK

(2) I.D. Number _____

(3) Cover Period 07/09/16 through 07/22/16

(4) Page 4 of 7

(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					
07/18/16	ROBERT LLOYD P.O. Box 2412 DAYTONA BEACH, FL 32115		REF		-192.50
025					
07/18/16	JOHN VAZQUEZ 248 GOLF CLUB DR. NSB, FL 32168		REF		-38.50
026					
07/18/16	JOSEPH THOMAS 126 E. 9 TH COURT HIALEAH, FL 33010		REF		-385.00
027					
07/18/16	CHARLES HALL P.O. Box 1617 TRYON, NC 28782		REF		.77.00
028					
07/18/16	GULFSTREAM GLASS OF VOLUNIA CTY INC P.O. Box 1270 NSB, FL 32170		REF		.77.00
029					
07/18/16	MARK HALL 124 FAULKNER ST. NSB, FL 32168		REF		.38.50
030					
07/18/16	BEACHSIDE GARDENS 807 OAKVIEW DR NSB, FL 32169		REF		-192.50
031					
07/18/16	LAWRENCE BAUMLINE 19 TRAP CR NSB, FL 32168		REF		.38.50
032					

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name JASON McGUIRK

(2) I.D. Number _____

(3) Cover Period 07/09/16 through 07/22/16

(4) Page 5 of 7

(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					
07/18/16	ANDREA TRUSLOW 111 CUNNINGHAM DR. NSB, FL 32168		REF		.77.00
033					
07/18/16	ROBERT WHITE 926 CLUB HOUSE BLVD NSB, FL 32168		REF		-192.50
034					
07/18/16	GRANDE KEY PROPERTIES LLC 1113 TURNBOW ST. NSB, FL 32168		REF		.77.00
035					
07/18/16	TOM DESIMONE 226 FAIRGREEN AVE. NSB, FL 32168		REF		.77.00
036					
07/18/16	WILLIAM HALL 48 FAIRGREEN AVE NSB, FL 32168		REF		-38.50
037					
07/18/16	SOUTHEAST POOL & SPA NSB, FL 32168		REF		.154.00
038					
07/18/16	FRANCI C. DAVIS 101 RIVERVIEW PL NSB, FL 32169		REF		-192.50
039					
07/18/16	PETER J. BEAULIEU 711 A S. GLENCOE RD NSB, FL 32168		REF		.77.00
040					

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name JASON McQUIRK

(2) I.D. Number _____

(3) Cover Period 07/09/16 through 07/22/16

(4) Page 6 of 7

(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					
07/18/16	Buddy DAVENPORT Ins Agy 1305 St. Rd. 44 NSB, FL 32168		REF		.77.00
041					
07/18/16	DAVID S. PARKER 437 QUAY ASSISI NSB, FL 32169		REF		.192.50
042					
07/18/16	W. J. CUTHBERT 3536 OANI Cir. Edgewater, FL 32141		REF		.38.50
043					
07/18/16	MARGARET M. McDONALD 730 Pine Stages Cir. NSB, FL 32168		REF		.19.25
044					
07/18/16	Will J MILLER 100 S. RIVERSIDE DR NSB, FL 32168		REF		.77.00
045					
07/18/16	CASEY N. CLARK 1945 S. GLENCOE DR. NSB, FL 32168		REF		.38.50
046					
07/18/16	W. L. TAYLOR 87 CUNNINGHAM DR NSB, FL 32168		REF		.38.50
047					
07/18/16	TOM & FRANKI ROBERT 1340 SCARLETTA. NSB, FL 32168		REF		.38.50
048					

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name JASON McGUIRK

(2) I.D. Number _____

(3) Cover Period 07/09/16 through 07/22/16

(4) Page 7 of 7

(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					
07/18/16	JAMES T. FROST 209 OCEAN DR NSB, FL 32169		REF		.57.75
049					
07/18/16	RICHARD CASLY 803 OAKWOOD AVE. NSB, FL 32169		REF		.192.50
050					
07/18/16	CHARLES CHISHOLM 464 CORBAN PARK RD. NSB, FL 32168		REF		.77.00
051					
07/18/16	TREVIOUS DEVERS PL 3314 S. ATLANTIC AVE. NSB, FL 32169		REF		.77.00
052					
07/18/16	ADAM BARRINGER 737 LAUREL BAY CIR NSB, FL 32169		REF		.77.00
053					
07/18/16	KAY WALKER 2428 S. GLENCOE NSB, FL 32168		REF		.77.00
054					
/ /					
/ /					

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) JASON MCGUIRK
Name

(2) 77 CUNNINGHAM DR.
Address (number and street)

NEW SMYRNA BEACH, FL 32168
City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: NSB City Commissioner Zone 3

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 061 01 16 To 061 24 16 Report Type: P1

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 200.00

Loans \$ _____, _____, _____

Total Monetary \$ _____, _____, _____

In-Kind \$ _____, _____, _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 394.88

Transfers to Office Account \$ _____, _____, _____

Total Monetary \$ _____, _____, _____

(8) Other Distributions

\$ _____, _____, _____

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, 8,850.00

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 1,781.29

(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) TEGIE S. RAMSEY
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X Tegie Ramsey
Signature

(Type name) JASON MCGUIRK
 Candidate Chairperson (only for PC and PTY)

X J. McGuirk
Signature

OFFICE USE ONLY
RECEIVED
 OFFICE OF THE CITY CLERK
 DATE 7-22-2016

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name JASON McGUIRK

(2) I.D. Number _____

(3) Cover Period 06/01/16 through 06/24/16

(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					
06/20/16	City of New Smyrna 120 Sams Ave.	SIGN BOND	CAN	DEL	\$250.00
002	NSB, FL 32168				
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) JASON M^c GUIRK
 Name
 (2) 77 CUNNINGHAM DR.
 Address (number and street)
NEW SMYRNA BEACH, FL 32168
 City, State, Zip Code

OFFICE USE ONLY

RECEIVED

OFFICE OF THE CITY CLERK

DATE 7-13-16

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: NSB City Commission Zone

Political Committee (PC)

Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded

Party Executive Committee (PTY) Check here if PTY has disbanded

Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 06 / 25 / 2016 To 07 / 08 / 2016 Report Type: P2

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 0 - _____

Loans \$ _____, _____, _____ . _____

Total Monetary \$ _____, _____, _____ . _____

In-Kind \$ _____, _____, _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 0 - _____

Transfers to Office Account \$ _____, _____, _____ . _____

Total Monetary \$ _____, _____, _____ . _____

(8) Other Distributions
 \$ _____, _____, _____ . _____

(9) TOTAL Monetary Contributions To Date
 \$ _____, 8,850. 00

(10) TOTAL Monetary Expenditures To Date
 \$ _____, 2,031. 29 TR
11,781.29

(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) TEGIE S. RAMSEY

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

X Tegie Ramsey
 Signature

(Type name) JASON M^c GUIRK

Candidate Chairperson (only for PC and PTY)

X J M Guirk
 Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) JASON MCGUIRK
Name

(2) 77 CUNNINGHAM DR.
Address (number and street)

New Smyrna Beach, FL 32168
City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

OFFICE USE ONLY
RECEIVED
OFFICE OF THE CITY CLERK
DATE 6-28-16

(4) Check appropriate box(es):

- Candidate Office Sought: NSB City Commission Zone 3
- 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 06 / 01 / 16 To 06 / 24 / 16 Report Type: P1

- Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 200 . -

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 644 . 88

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 8 , 850 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 2 , 031 . 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) Tegie S. Ramsey
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X Tegie Ramsey
Signature

(Type name) JASON MCGUIRK
 Candidate Chairperson (only for PC and PTY)

X J. McGuirk
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name JASON McQUIRK (2) I.D. Number _____

(3) Cover Period 06 10 1 1 16 through 06 1 30 1 16 (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	Type	Description	Amendment	Amount
06 03 16 001	WILL J. MILLER 100 S. RIVERSIDE DR NSA, FL 32168	1	Architect	CHE			100.00
06 10 3 16 002	CASEY H. CLARK 1945 S. GLENCOE RD. NSA, FL 32168	1		CHE			50.00
06 17 16 003	W. L. TAYLOR 87 CONNINGHAM DR. NSA, FL 32168	1		CHE			50.00
1 1							
1 1							
1 1							
1 1							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name JASON MCGUIRK

(2) I.D. Number _____

(3) Cover Period 06/01/16 through 06/24/16

(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					
06/03/16	VICTORIA PERKINS % Curt Above Designs 2119 PAGE AVE. NSB, FL 32168	WEBSITE BUILT	CAN		230.51
001					
06/20/16	CITY of NEW Smyrna Beach NSB, FL 32168	SIGN BOND	CAN.		250.00
002					
06/20/16	CITY of New Smyrna Beach NSB, FL 32168	STATE Assessment	CAN		159.97
003					
06/22/16	COUNTY of VOLUSIA DELAND, FL	PETITIONAL VERIFICATION	DPV		4.40
004					
11					
11					
11					
11					