

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Kimberly Jackson  
Name  
(2) 14967 SW 171st Ave  
Address (number and street)  
Indiantown FL 34956  
City, State, Zip Code

### OFFICE USE ONLY

Recd 6/22/20 at 9 AM;  
postmarked 6/19/20

☐ Check here if address has changed

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

☒ Candidate Office Sought: councilmember seat 1

☐ 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 / 1 / 20 To 6 / 12 / 20 Report Type: G-1

☒ Original

☐ Amendment

☐ Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_, \_\_\_\_\_, 150.00

Loans \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

In-Kind \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_, \_\_\_\_\_, 100.00

Transfers to Office Account \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, 100.00

### (8) Other Distributions

\$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_, \_\_\_\_\_, 150.00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_, \_\_\_\_\_, 100.00

### (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)

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

X

Signature

(Type name)

☒ Candidate ☐ Chairperson (only for PC and PTY)

X

Signature

# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Kimberly Jackson (2) I.D. Number \_\_\_\_\_  
 (3) Cover Period 6 / 1 / 20 through 6 / 12 / 20 (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 / 12 / 20	Jackson, Kimberly Sheryl		Insurance agent	CHE			150.00
1	14967 SW 171st Ave Indianapolis IN 46256						
/ /							
/ /							
/ /							
/ /							
/ /							

# CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Kimberly Jackson

(2) I.D. Number \_\_\_\_\_

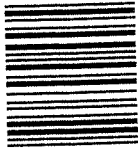
(3) Cover Period 6 / 1 / 20 through 6 / 12 / 20

(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					
6/12/20	Village of Indianatown 16550 SW Warfield Blvd Indianatown FL 34956	qualifying fee	NON		100.00
1					
/ /					
/ /					
/ /					
/ /					
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/ /					

U.S. POSTAGE PAID  
FORM 1000  
INDIAN TOWN, FL  
34956-9, 20  
JUN 19, 20  
AMOUNT

**\$1.20**  
R2305K131388-2



34956



1000

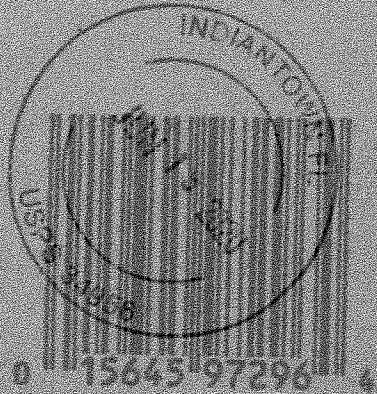
of Indian town

398

own FL

34956





AIC-093  
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