

CAMPAIGN TREASURER'S REPORT SUMMARY(1) Kimberly S Jackson

Name

(2) 14967 SW 171ST AV

Address (number and street)

Indiantown, FL 34956

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate Office Sought: Council Member 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 07 / 11 / 2020 To 07 / 17 / 2020 Report Type: G4☒ Original☐ Amendment☐ Special Election Report**(6) Contributions This Report**Cash & Checks \$ _____ , _____ , 280. 00

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 280. 00

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

(7) Expenditures This ReportMonetary Expenditures \$ _____ , _____ , 280. 00

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

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date\$ _____ , _____ , 835. 00**(10) TOTAL Monetary Expenditures To Date**\$ _____ , _____ , 785. 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) Candice Delions☐ Individual (only for IE or electioneering comm.) ☒ Treasurer ☐ Deputy Treasurer

X

Signature

(Type name) Kimberly Jackson☐ Candidate ☐ Chairperson (only for PC and PTY)

X

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Kimberly S Jackson (2) I.D. Number _____(3) Cover Period 07 / 11 / 2020 through 07 / 17 / 2020 (4) Page 1 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		Type	Occupation				
07. / 14. / 20	Jackson, Kimberly 14967 SW 171ST Ave Indiantown, FL 34956	S	Sales	Mon			\$280.00
1							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Kimberly Jackson

(2) I.D. Number _____

(3) Cover Period 07/11/20 through 07/17/20

(4) Page 2 of 2

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