

CAMPAIGN TREASURER'S REPORT SUMMARY

AUG 12 '20 PM 12:47

(1) Kimberly S Jackson
 Name
 (2) 14967 SW 171ST AVENUE
 Address (number and street)
INDIANTOWN, FL 34956
 City, State, Zip Code

OFFICE USE ONLY

☐ 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 / 25 / 2020 To 07 / 31 / 2020 Report Type: G6

☐ Original ☒ Amendment ☐ Special Election Report

(6) Contributions This Report

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

Loans \$ _____ , _____ , 0 . _____

Total Monetary \$ _____ , _____ , 0 . _____

In-Kind \$ _____ , _____ , 0 . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 0 . _____

Transfers to Office Account \$ _____ , _____ , 0 . _____

Total Monetary \$ _____ , _____ , 0 . _____

(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 Candice Delions

Signature

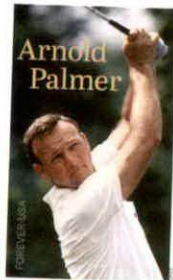
(Type name) Kimberly S Jackson

☒ Candidate ☐ Chairperson (only for PC and PTY)

X Kimberly Jackson

Signature

Kimberly Jackson
14967 SW 171st Ave
Indiantown, FL 34956



Village of Indiantown
c/o Susan Owens
PO Box 398
Indiantown, FL 34956