CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	Sabrinia Wallace-Jordan (WITHDRAWN)	OFFICE USE ONLY						
` ,	Name	ONLINE SUBMISSION						
(2)	626 West. Wright Street	Submitted on:						
	Address (number and street)	5/19/2014 21:06:57 (eastern)						
	Pensacola, FL 32501							
	City, State, Zip Code							
	Check here if address has changed	(3) ID Number: 453						
(4)								
	Candidate Office Sought: School Board,	District 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						
		☐ Check here if no other IE or EC reports will be filed						
	individual making electioneering communications)							
	(5) Report	Identifiers						
Cove	er Period: From $\underline{1}$ / $\underline{1}$ / $\underline{2013}$ To	1 / 31 / 2015 Report Type: TR						
X o	riginal Amendment Spe	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
Casl	n & Checks \$,,,	Monetary Expenditures \$,1 , _158 . 42						
Loar	s , , , , 000	Transfers to Office Account \$, , 0 . 00						
Tota	I Monetary \$, , , 000							
In-Ki	ind \$, , 0.00	Total Monetary \$,1 , 158 . 42						
III-IXI	, , , , , , , , , , , , , , , , , , ,	(8) Other Distributions						
		\$, , 000_						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$, <u>4</u> , <u>404</u> . <u>94</u>	\$, <u>4</u> , <u>404</u> . <u>94</u>						
	(11) Ceri	tification						
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:								
(T	ype name)	(Type name)						
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)						
X		X						
Si	gnature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Sabrinia Wallace-Jo	rdan (WITH	HDRAWN)	2) I.D. Numbe	er4	53
	1/1/2013		1/31/2015		_	
(3) Cover Perio	od//	through	11	(4) Pag	e	of
		T	T		7	
(5)	(7)	(8)	(9)	(10)	(11)	(12)
Date	Full Name					
(6)	(Last, Suffix, First, Middle)	0 17		Des 1000 de		
Sequence Number	Street Address & City, State, Zip Code	Contribut	ACCURACY CONTRACTOR CO	In-kind Description	Amendment	Amount
Number	City, State, Zip Code	Type Occu	pation Type	Description	zanenament	Amount
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37						

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _	Sabrinia	Wall	Lace-J	ordan (WIT	'HDRAWN)	78 110	 (2) I.D. Nun	nber	4	153	and an artist of the second
	1.	/1/20	13		1/31/2	015					
(3) Cover P	eriod	1	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
4/24/2014	Wallace-Jordan, Sabrinia 626 West Wright Street Pensacola, FL 32501	repay of loan	RM		\$1,000.00
1					
5/19/2014	ESCAROSA Sickle Cell Anemia, P.O.Box 1932 Pensacola, FL 32513	donation to 501c-3	МО		\$158.42
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DS-DE 14 (Rev.	<u></u>	1	l.	<u> </u>	