	CAMPAIGN TREASURER'S REPORT SUMMARY							
(1)	Ken Thomas Jr.	OFFICE USE ONLY						
	Name	ONLINE SUBMISSION						
(2)	1212 E Park Street	Submitted on:						
	Address (number and street)	3/22/2021 14:57:55 (eastern)						
9	Panama City, FL 32404							
	City, State, Zip Code							
	Check here if address has changed	(3) ID Number:559						
(4)	Check appropriate box(es):							
	☐ Candidate Office Sought: Parker Council	il Member Seat 3						
	Political Committee (PC)	Check have if BC as ECO has dishanded						
		☐ Check here if PC or ECO has disbanded☐ Check here if PTY has disbanded						
	☐ Independent Expenditure (IE) (also covers an	☐ Check here if no other IE or EC reports will be filed						
	individual making electioneering communications)							
	(5) Report	dentifiers						
Cove								
	er Period: From 3 / 13 / 2021 To							
<u>X</u> 0	Original Amendment Spe	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
		Monetary						
Cash	h & Checks \$,1 , <u>500</u> . <u>00</u>	Expenditures \$, , , 0 . 00						
•	• 000							
Loar	ns \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$						
T.4-	\$ 1.500.00	Office Account \$, , , 0 . 00						
Tota	al Monetary \$,1 , <u>500</u> . <u>00</u>	Total Monetary \$, 0 . 00						
L. IZ:	• 0 00	Total Monetary \$, , 0 . 00						
In-Ki	ind \$, , 0 . <u>00</u>	(2) 241						
		(8) Other Distributions \$ 0 . 00						
		\$,, <u>0</u> . <u>00</u>						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$	\$, <u>3</u> , <u>086</u> . <u>09</u>						
	(11) Cert							
	It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)							
ΙC	I certify that I have examined this report and it is true, correct, and complete:							
_(T)	ype name)	(Type name)						
	Individual (only for IE Treasurer Deputy Treasurer electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)						
Х		×						
	ignature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Ken Thomas Jr.				(2) I.D. Number 559						
	3,	/13/20	21		3/19/	2021					
(3) Cover Peri	od	1	1	through	1	1	(A) Page	1	of $\frac{1}{}$		

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(7) Full Name	(8)		(9)	(10)	(11)	(12)
(Last, Suffix, First, Middle)						
Street Address &	C	ontributor	Contribution	In-kind		
City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
Golden Oak Land Group, 4708 Capital Circle NW		land developmer t	СН	54		\$500.0
12 32303						
Premier Health Clinic & Rehab, 2820 Remington Green Circle Tallahassee, FL 32308		health & rehab clinc	СН			\$500.0
SANDCO LLC, B 4708 Capital Circle NW Tallahassee, FL 32303	В					\$500.0
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	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code Golden Oak Land Group, 4708 Capital Circle NW Tallahassee, FL 32303 Premier Health Clinic & Rehab, 2820 Remington Green Circle Tallahassee, FL 32308 SANDCO LLC, B 4708 Capital Circle NW	Full Name (Last, Suffix, First, Middle) Street Address & C City, State, Zip Code Golden Oak Land Group, 4708 Capital Circle NW Tallahassee, FL 32303 Premier Health Clinic & Rehab, 2820 Remington Green Circle Tallahassee, FL 32308 SANDCO LLC, B 4708 Capital Circle NW	Full Name (Last, Suffix, First, Middle) Street Address & Contributor City, State, Zip Code Golden Oak Land Group, 4708 Capital Circle NW Tallahassee, FL 32303 Premier Health Clinic & Rehab, 2820 Remington Green Circle Tallahassee, FL 32308 SANDCO LLC, B 4708 Capital Circle NW Contractor	Full Name (Last, Suffix, First, Middle) Street Address & Contributor Type Occupation Gity, State, Zip Code Golden Oak Land Group, 4708 Capital Circle NW Tallahassee, FL 32303 Premier Health Clinic & Rehab, 2820 Remington Green Circle Tallahassee, FL 32308 B health & CH clinic & Rehab clinc SANDCO LLC, B 4708 Capital Circle NW Contributor Type Ch developmen CH developmen CH Clinic & Rehab, CH Clinic & CH Contributor CONTRIBUTOR Type CONTRIBUTOR Type CH CONTRIBUTOR CH CONTRIBUTOR Type CONTRIBUTOR Type CH CONTRIBUTOR Type CH CONTRIBUTOR Type CH CONTRIBUTOR Type CONTRIBUTOR Type CONTRIBUTOR Type CH CONTRIBUTOR Type CH CONTRIBUTOR CH CONTRIBUTOR CONTRIBUTOR Type CH CH CONTRIBUTOR CONTRIBUTOR Type CH CH CONTRIBUTOR CONTRIBUTOR Type CH CH CONTRIBUTOR CONTRIBUTOR CH CH CONTRIBUTOR CH CH CONTRIBUTOR CH CONTRIBUTOR CH CONTRIBUTOR CONTRIBUTOR CONTRIBUTOR Type CH CH CONTRIBUTOR CONTRIBUTOR CH CH CONTRIBUTOR CH CONTRIBUTOR CONTRIBUTOR CONTRIBUTOR Type CH CH CONTRIBUTOR CONTRIBUTOR CONTRIBUTOR CONTRIBUTOR CONTRIBUTOR CONTRIBUTOR CONTRIBUTOR CONTRIBUTOR CONTRIBUTOR CH CH CONTRIBUTOR CH	Full Name (Last, Suffix, First, Middle) Street Address & Contributor Type Occupation City, State, Zip Code Type Occupation Type Description Golden Oak Land Group, 4708 Capital Circle NW Tallahassee, FL 32303 Premier Health Clinic & Rehab, 2820 Remington Green Circle Tallahassee, FL 32308 B health & CH clinic & Rehab clinc SANDCO LLC, B 4708 Capital Circle NW Contractor	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code Golden Oak Land Group, 4708 Capital Circle NW Tallahassee, FL 32303 Premier Health Clinic & Rehab, 2820 Remington Green Circle Tallahassee, FL 32308 SANDCO LLC, B 4708 Capital Circle NW SANDCO LLC, B 4708 Capital Circle NW Contractor

Alama Ken T	homas Jr		IIZED EXPENDITURES (2) I.D. Number 559 559				
3) Cover Period _	3/13/2021 / / through	3/19/2021 //	(4) Page1	of _	0		
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought contribution to a candidate)	(9) Expenditure Type	(10)	(11) Amount		
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