

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Jimmy B. Witherspoon
 Name
 (2) 2677 NW 9th Street
 Address (number and street)
Ft. Lauderdale, FL 33311
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1258464]

Submitted on:
 4/7/2022 13:12:35 (eastern)

Check here if address has changed

(3) ID Number: 845

(4) Check appropriate box(es):

- Candidate Office Sought: School Board, Dist. 5
- 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
- Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 3 / 1 / 2022 To 3 / 31 / 2022 Report Type: M3

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, 2 , 195 . 00

Loans \$, , 0 . 00

Total Monetary \$, 2 , 195 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 0 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 0 . 00

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 2 , 195 . 00

(10) TOTAL Monetary Expenditures To Date

\$, , 0 . 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 Jimmy B. Witherspoon (2) I.D. Number 845

(3) Cover Period 3/1/2022 / 3/31/2022 through 3/31/2022 / 3/31/2022 (4) Page 1 of 6

| (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 | Type | Description | Amendment | Amount |
| 3/31/2022 / / | Lambert, Elizabeth 4100 South Hospital Dr Ste 100 Plantation , FL 33317 | I | retired | CA | | | \$50.00 |
| 1 | | | | | | | |
| 3/31/2022 / / | Lambert, Elizabeth 4100 South Hospital Dr Ste 100 Plantation , FL 33317 | I | retired | CA | | | \$25.00 |
| 2 | | | | | | | |
| 3/31/2022 / / | Walker, Antonio 4100 South Hospital Dr Ste 100 Plantation , FL 33317 | I | facilities | CA | | | \$25.00 |
| 3 | | | | | | | |
| 3/31/2022 / / | Caldwell, Steven 4100 South Hospital Dr Ste 100 Plantation , FL 33317 | I | pastor | CA | | | \$50.00 |
| 4 | | | | | | | |
| 3/29/2022 / / | Caldwell, Steven 4100 South Hospital Dr Ste 100 Plantation, FL 33317 | I | pastor | CA | | | \$50.00 |
| 5 | | | | | | | |
| 3/28/2022 / / | Caldwell, Steven 4100 South Hospital Dr Ste 100 Plantation, FL 33317 | I | pastor | CA | | | \$50.00 |
| 6 | | | | | | | |
| 3/27/2022 / / | Caldwell , Steven 4100 South Hospital Dr Ste 100 Plantation, FL 33317 | I | pastor | CA | | | \$50.00 |
| 7 | | | | | | | |
| 3/24/2022 / / | Reliford, Ramona 4100 south Hospital Dr Ste 100 Plantation , FL 33317 | I | assistant principal | CA | | | \$25.00 |
| 8 | | | | | | | |

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Jimmy B. Witherspoon (2) I.D. Number 845
 (3) Cover Period 3/1/2022 through 3/31/2022 (4) Page 2 of 6

| (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 | Type | Description | Amendment | Amount |
| 3/22/2022 / / | Hayes, SC 4100 South Hospital Dr Ste 100 Plantation, FL 33317 | I | | CA | | | \$20.00 |
| 9 | | | | | | | |
| 3/22/2022 / / | Adams, Laquesta 4100 South Hospital Dr Ste 100 Plantaion , FL 33317 | I | | CA | | | \$50.00 |
| 10 | | | | | | | |
| 3/16/2022 / / | Hayes, SC 4100 South Hospital Dr Ste 100 Plantation, FL 33317 | I | | CA | | | \$50.00 |
| 11 | | | | | | | |
| 3/16/2022 / / | Hayes, SC 4100 South hospital Dr Ste 100 Plantaion , FL 33317 | I | | CA | | | \$50.00 |
| 12 | | | | | | | |
| 3/15/2022 / / | Johnson, Brian 4100 S hospital Dr Ste 100 Plantation , FL 33317 | I | | CA | | | \$50.00 |
| 13 | | | | | | | |
| 3/14/2022 / / | Johnson, Brian 4100 S hospital Dr Ste 100 Plantation , FL 33317 | I | | CA | | | \$50.00 |
| 14 | | | | | | | |
| 3/16/2022 / / | Johnson, Brian 4100 S Hospital Dr ste 100 Plantation, Fl 33317 | I | | CA | | | \$50.00 |
| 15 | | | | | | | |
| 3/17/2022 / / | Johnson, Brian 4100 S Hospital Ste 100 Plantation, FL 33317 | I | | CA | | | \$50.00 |
| 16 | | | | | | | |

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Jimmy B. Witherspoon (2) I.D. Number 845
 (3) Cover Period 3/1/2022 through 3/31/2022 (4) Page 3 of 6

| (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 | Type | Description | Amendment | Amount |
| 3/12/2022 / / | Wallace , Terrance 4100 S hospital dr Ste 100 Plantation , FL 33317 | I | | CA | | | \$50.00 |
| 17 | | | | | | | |
| 3/11/2022 / / | Coke, Derrick 4100 S Hospital Dr Ste 100 Plantation, FL 33317 | I | | CA | | | \$50.00 |
| 18 | | | | | | | |
| 3/11/2022 / / | Coke, Krystal 4100 S hospital Dr Ste 100 Plantation , FL 33317 | I | | CA | | | \$50.00 |
| 19 | | | | | | | |
| 3/11/2022 / / | Bryant, Freddie 4100 S Hospital Dr Ste 100 Plantation , FL 33317 | I | | CA | | | \$25.00 |
| 20 | | | | | | | |
| 3/7/2022 / / | Philpart, Flora 4100 S Hospital Dr Ste 100 Plantation , Fl 33317 | I | | CA | | | \$25.00 |
| 21 | | | | | | | |
| 3/7/2022 / / | McFadden, Shakira 4100 S Hospital Dr Ste 100 Plantation , FL 33317 | I | | CA | | | \$50.00 |
| 22 | | | | | | | |
| 3/7/2022 / / | McFadden, shakira 4100 S hospital Dr Ste 100 Plantation, FL 33317 | I | | CA | | | \$50.00 |
| 23 | | | | | | | |
| 3/7/2022 / / | Martin, Lawrence 4100 S Hospital Dr ste 100 Plantation , FL 33317 | I | | CA | | | \$50.00 |
| 24 | | | | | | | |

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Jimmy B. Witherspoon (2) I.D. Number 845
 3/1/2022 3/31/2022
 (3) Cover Period / / through / / (4) Page 4 of 6

| (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 | Type | Description | Amendment | Amount |
| 3/7/2022 / / | Martin, Lawrence 4100 S Hospital Dr Ste 100 Plantation , FL 33317 | I | | CA | | | \$50.00 |
| 25 | | | | | | | |
| 3/7/2022 / / | Witherspoon, Jimmy 4100 S Hospital Dr Ste 100 Plantation, FL 33317 | I | | CA | | | \$50.00 |
| 26 | | | | | | | |
| 3/20/2022 / / | Witherspoon, Kandice 4100 S hospital Dr Ste 100 Plantation , FL 33317 | I | | CA | | | \$50.00 |
| 27 | | | | | | | |
| 3/20/2022 / / | Witherspoon, Kandice 4100 S Hospital Dr Ste 100 Plantation , FL 33317 | I | | CA | | | \$50.00 |
| 28 | | | | | | | |
| 3/20/2022 / / | Witherspoon, Kandice 4100 S hospital Dr Ste 100 Plantation, FL 33317 | I | | CA | | | \$50.00 |
| 29 | | | | | | | |
| 3/20/2022 / / | Witherspoon , Kandice 4100 S Hospital Dr Ste 100 Plantation , FL 33317 | I | | CA | | | \$50.00 |
| 30 | | | | | | | |
| 3/20/2022 / / | Witherspoon, Kandice 4100 S Hospital Dr Ste 100 Plantation , FL 33317 | I | | CA | | | \$50.00 |
| 31 | | | | | | | |
| 3/20/2022 / / | Witherspoon, Kandice 4100 S Hospital DR Ste 100 Plantation , FL 33317 | I | | CA | | | \$50.00 |
| 32 | | | | | | | |

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Jimmy B. Witherspoon (2) I.D. Number 845

(3) Cover Period 3/1/2022 through 3/31/2022 (4) Page 5 of 6

| (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 | | | | | | | |
| 3/20/2022 / / | Witherspoon, Kandice 4100 S Hospital Dr Ste 100 Plantation, FL 33317 | I | | CA | | | \$50.00 |
| 33 | | | | | | | |
| 3/20/2022 / / | Witherspoon, Kandice 4100 S hospital Ste 100 Plantation , FL 33317 | I | | CA | | | \$50.00 |
| 34 | | | | | | | |
| 3/20/2022 / / | Witherspoon, Kandice 4100 S Hospital Ste 100 Plantation, F 33317 | I | | CA | | | \$50.00 |
| 35 | | | | | | | |
| 3/20/2022 / / | WitherSpoon, Kandice 4100 S Hospital Dr Ste 100 Plantation , FL 33317 | I | | CA | | | \$50.00 |
| 36 | | | | | | | |
| 3/20/2022 / / | Witherspoon, Kandice 4100 S Hospital Dr Ste 100 Plantation, FL 33317 | I | | CA | | | \$50.00 |
| 37 | | | | | | | |
| 3/20/2022 / / | Witherspoon, Kandice 4100 S Hospital Dr Ste 100 Plantation, FL 33317 | I | | CA | | | \$50.00 |
| 38 | | | | | | | |
| 3/20/2022 / / | Witherspoon, Kandice 4100 S Hospital Dr Ste 100 Plantation, FL 33317 | I | | CA | | | \$50.00 |
| 39 | | | | | | | |
| 3/20/2022 / / | WitherSpoon, Kandice 4100 S Hospital Dr Ste 100 Plantation, FL 33317 | I | | CA | | | \$50.00 |
| 40 | | | | | | | |

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Jimmy B. Witherspoon (2) I.D. Number 845
 3/1/2022 3/31/2022
 (3) Cover Period / / through / / (4) Page 6 of 6

| (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 | Type | Description | Amendment | Amount |
| 3/20/2022 / / | Witherspoon, Kandice 4100 S Hospital Dr Ste 100 Plantation, FL 33317 | I | | CA | | | \$50.00 |
| 41 | | | | | | | |
| 3/20/2022 / / | Witherspoon, Kandice 4100 S Hospital Dr Ste 100 Plantation, FL 33317 | I | | CA | | | \$50.00 |
| 42 | | | | | | | |
| 3/20/2022 / / | Witherspoon, Kandice 4100 S Hospital Dr ste 100 Plantation, FL 33317 | I | | CA | | | \$50.00 |
| 43 | | | | | | | |
| 3/20/2022 / / | Witherspoon, Kandice 4100 S Hospital Dr Ste 100 Plantation, FL 33317 | I | | CA | | | \$50.00 |
| 44 | | | | | | | |
| 3/20/2022 / / | Witherspoon, Kandice 4100 S Hospital Dr Ste 100 Plantation, F 33317 | I | | CA | | | \$50.00 |
| 45 | | | | | | | |
| 3/20/2022 / / | Witherspoon, Kandice 4100 S Hospital Dr Ste 100 Plantation, FL 33317 | I | | CA | | | \$50.00 |
| 46 | | | | | | | |
| 3/20/2022 / / | Witherspoon, Kandice 4100 S Hospital Dr Ste 100 Plantation, F 33317 | I | | CA | | | \$50.00 |
| 47 | | | | | | | |
| / / | | | | | | | |
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Jimmy B. Witherspoon

(2) I.D. Number 845

(3) Cover Period 3/1/2022 through 3/31/2022

(4) Page 1 of 0

| (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 | | | | | |
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