

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) John P. Jenkins
 Name
 (2) PO Box 569
 Address (number and street)
Cross City, FL 32628
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1242505]

Submitted on:
 1/29/2021 16:55:26 (eastern)

Check here if address has changed (3) ID Number: 180

(4) Check appropriate box(es):

Candidate Office Sought: County Commissioner - District 3

Political Committee (PC) Check here if PC or ECO has disbanded

Electioneering Communications Org. (ECO) Check here if PTY has disbanded

Party Executive Committee (PTY) Check here if no other IE or EC reports will be filed

Independent Expenditure (IE) (also covers an individual making electioneering communications)

(5) Report Identifiers

Cover Period: From 10 / 17 / 2020 To 10 / 29 / 2020 Report Type: G6

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 0 . 00

Loans \$, , 0 . 00

Total Monetary \$, , 0 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 14 . 70

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 14 . 70

(8) Other Distributions
 \$, , 0 . 00

(9) TOTAL Monetary Contributions To Date
 \$, 5 , 520 . 00

(10) TOTAL Monetary Expenditures To Date
 \$, 4 , 977 . 77

(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 John P. Jenkins (2) I.D. Number 180

10/17/2020 through 10/29/2020

(3) Cover Period _____ / _____ / _____ through _____ / _____ / _____ (4) Page 1 of 0

(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
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name John P. Jenkins

(2) I.D. Number 180

(3) Cover Period 10/17/2020 through 10/29/2020

(4) Page 1 of 1

(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					
10/23/2020 / /	The Print Shop, 224 N Main St Chiefland, FL 32626	signs	MO	Delete	\$32.40
1					
10/23/2020 / /	The Print Shop, 224 N Main St Chiefland, FL 32626	signs	MO	Add	\$32.10
2					
10/24/2020 / /	Town of Cross City, PO Box 417 Cross City, FL 32628	booth rental	MO	Add	\$15.00
3					
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