CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Jennifer Jones Johnson	OFFICE USE ONLY							
•	Name	ONLINE SUBMISSION							
(2)	534 SE 71 Ave	Submitted on:							
	Address (number and street)	5/4/2020 13:29:21 (eastern)							
,	Cross City, FL 32628 City, State, Zip Code								
	☐ Check here if address has changed	(3) ID Number: 183							
(4)	_	(3) 10 Number							
(4)	Check appropriate box(es): Candidate Office Sought: County Judge								
	☐ 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							
		Identifiers							
Cove	er Period: From $\frac{4}{2}$ / $\frac{1}{2}$ / $\frac{2020}{20}$ To	4 / 30 / 2020 Report Type: M4							
X O	riginal Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Cash	n & Checks \$, , 0 . 00	Monetary Expenditures \$, , _25 . 00							
Loar	s \$,, <u>0</u> . <u>00</u>	Transfers to							
- .	··· · · • • • • • • • • • • • • • • • •	Office Account \$, , , 0 . 00							
lota	I Monetary \$, , 0 . 00	Total Monetary \$. 25 . 00							
In-Ki	and \$, , 0.00	Total Monetary \$, , _25 . 00							
111-131	,,,	(8) Other Distributions							
		\$,,000							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
	\$,, <u>100</u> . <u>00</u>	\$, , <u>39</u> . <u>10</u>							
(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:									
_(T)	ype name)	(Type name)							
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)							
X		×							
	gnature	Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Jennifer Jones John		(2) I.D. Number					
	4/1/2020		4	/30/2020				
(3) Cover Perio	od//	thro	ough	<i>I I</i>	(4) Pag	e	of	
1000 MB			14400		90. 100			
(5)	(7)		(8)	(9)	(10)	(11)	(12)	
Date	Full Name							
(6)	(Last, Suffix, First, Middle)			_				
Sequence	Street Address &		ontributor	Contribution	In-kind	Amendment	N	
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount	
, ,								
1 1								
1								
1 1								
1 1								
20 00								
1 1								
1 1								
, e								
1 1								
1 1								

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Jenn:	ifer Jone	es Joh	nson			_ (2) I.D. Num	nber	-	183	
	4/1/20	20		4/30/20	20					
(3) Cover Period	1	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
Date (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
4/27/2020	The Print Shop, 224 N Mail Street Chiefland, FL 32644	design thank you ad for paper	MO		\$25.00
1	chicitana, 11 52011	paper			
//					
//					
//					
//					
//					
//					
DS-DE 14 (Rev.	14/42 \		,		