

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Al Ferraro  
 Name  
 (2) P.O. Box 550506  
 Address (number and street)  
Jacksonville, FL 32255  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1249143]

Submitted on:  
 9/9/2021 16:30:01 (eastern)

Check here if address has changed

(3) ID Number: 1044

(4) Check appropriate box(es):

- Candidate Office Sought: Mayor
- 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 8 / 1 / 2021 To 8 / 31 / 2021 Report Type: M8

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$        ,   1   , 728 . 85

Loans \$        ,        ,   0   . 00

Total Monetary \$        ,   1   , 728 . 85

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

\$        ,   47   , 549 . 72

### (10) TOTAL Monetary Expenditures To Date

\$        ,        , 933 . 64

### (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 Al Ferraro (2) I.D. Number 1044  
 (3) Cover Period 8/1/2021 through 8/31/2021 (4) Page 1 of 2

(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
8/8/2021 / /	Fitzpatrick, James 4156 Leeward Pt Jacksonville, Fl 32225	I	contractor	CH			\$500.00
1							
8/19/2021 / /	Marquez, Joseph 329 Misty Hollow Dr W Jacksonville, fl 32225	I	unknown	CH			\$100.00
2							
8/31/2021 / /	vystar, B P.O. BOX 45085 jacksonville, fl 32232	B	bank	IN			\$3.85
3							
8/17/2021 / /	Morell, Matt 10335 Aventua Dr Jacksonville, fl 32256	I		CA			\$50.00
4							
8/17/2021 / /	Henderson, Alan 10174 Windward Way North Jacksonville, Fl 32256	I	attorney	CH			\$200.00
5							
8/17/2021 / /	Blomgren, Carol 1763 Gassington Way S Jacksonville, FL 3223	I	physical therapist	CH			\$100.00
6							
8/17/2021 / /	Kell, Sandra 2118 Ivygail Dr E Jacksonville, FL 32225	I	travel agency	CH			\$25.00
7							
8/17/2021 / /	Shaffer, Albert 2244 Armsdale Road Jacksonville, fl 32218	I	retired	CH			\$250.00
8							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Al Ferraro (2) I.D. Number 1044  
 (3) Cover Period 8/1/2021 through 8/31/2021 (4) Page 2 of 2

(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
8/17/2021 / /	Clark, Gail 11896 Loretto Square Dr Jacksonville, Fl 32223	I	retired	CH			\$500.00
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Al Ferraro

(2) I.D. Number 1044

(3) Cover Period 8/1/2021 through 8/31/2021

(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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