CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Ricky Jones	OFFICE USE ONLY						
Name	ONLINE SUBMISSION [1239053]						
(2) <u>302 Tallahassee St</u>	Submitted on:						
Address (number and street) Eastpoint, FL 32328	11/14/2020 15:45:26 (eastern)						
City, State, Zip Code							
Check here if address has changed	(3) ID Number: 200						
(4) Check appropriate box(es):							
 Candidate Office Sought: County Commissioner Dist 1 Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications) 							
(5) Report Identifiers							
Cover Period: From 9 / <u>19</u> / <u>2020</u> To	<u>10</u> / <u>2</u> / <u>2020</u> Report Type: <u>G4</u>						
Original Amendment Special Election Report							
(6) Contributions This Report	(7) Expenditures This Report						
Cash & Checks \$, , , 0 . <u>00</u>	Monetary Expenditures \$, ,0. 20						
Loans \$,, <u>0</u> .00	Transfers to Office Account \$						
Total Monetary \$	Total Monetary \$, , , 20						
	(8) Other Distributions						
	\$,,000						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$, <u>4</u> _, <u>190</u> . <u>00</u>	\$, <u>4</u> , <u>190</u> . <u>00</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:							
(Type name)	(Type name)						
☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)						
X	x						
Signature	Signature						

DS-DE 12 (Rev. 11/13)

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name				(2) I.D. Number				
9/19/2020				10/2/2020				
(3) Cover Perio	od / /	thro	bugh	<i>l l</i>	(4) Page	e <u>1</u>	of	
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)	
Sequence	Street Address &	Co	ontributor	Contribution	In-kind			
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount	
/ /								
1 1								
/ /								
1 1								
1 1								
1 1								
/ 1	-							
1 1								

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

DateFull Name (Last, Suffix, First, Middle) Street Address & City, State, Zip CodePurpose (add office sought if contribution to a candidate)Expenditure TypeAmendmentAmou9/26/2020Jones, Ricky D. 302 Tallahassee Street Eastpoint, FL 32328Joan repaymentMODelete\$1	(1) Name Rick	CAMPAIGN TREASURER'S		EXPENDIT 2) I.D. Number	200	
Date (6) Sequence NumberFull Name 	(3) Cover Perio			4) Page <u>1</u>	of_	1
302 Tallahassee Street Eastpoint, FL 32328 1 9/26/2020 Jones, Ricky D. 302 Tallahassee Street Eastpoint, FL 32328 Ioan MO Add \$	Date (6) Sequence	Full Name (Last, Suffix, First, Middle) Street Address &	Purpose (add office sought if contribution to a	Expenditure	2 iz	(11) Amount
302 Tallahassee Street Eastpoint, FL 32328 repayment			loan repayment	МО	Delete	\$150.00
	11	302 Tallahassee Street		МО	Add	\$49.8(
	//					
	_/ /					
	_/ /					
	//					
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DS-DE 14 (Rev. 11/13)	//					

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES