

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Jared Michael Mock

Name

(2) 598 Three Rivers Rd.

Address (number and street)

Carrabelle, FL 32322

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: 203

OFFICE USE ONLY

ONLINE SUBMISSION

[1209131]

Submitted on:

6/8/2020 21:41:34 (eastern)

(4) Check appropriate box(es):

☒ Candidate Office Sought: School Board Member Dist 5

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

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

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

☐ Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 5 / 1 / 2020 To 5 / 31 / 2020 Report Type: M5

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 0 . 00

Loans \$, , 150 . 00

Total Monetary \$, , 150 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 2 . 20

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 2 . 20

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, , 150 . 00

(10) TOTAL Monetary Expenditures To Date

\$, , 2 . 20

(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 Jared Michael Mock (2) I.D. Number 203

5/1/2020

5/31/2020

(3) Cover Period ____ / ____ / ____ through ____ / ____ / ____ (4) Page 1 of 1

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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Jared Michael Mock

(2) I.D. Number 203

(3) Cover Period 5/1/2020 through 5/31/2020

(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
5/7/2020 / /	Supervisor of Elections, 47 Avenue F Apalachicola, FL 32320	petition verification	MO		\$2.20
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