CAMPAIGN TREASURER'S REPORT SUMMARY							
(1)	Jimmy Lodato	OFFICE USE ONLY					
	Name	ONLINE SUBMISSION [1252924]					
(2)	Po Box 194	Submitted on:					
	Address (number and street)	1/2/2022 20:42:15 (eastern)					
	Brooksville, Fl 34605						
	City, State, Zip Code						
	Check here if address has changed	(3) ID Number:508					
(4) Check appropriate box(es):							
	 ☐ Candidate Office Sought: School Board, Dist 3 ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications) ☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed ☐ Check here if no other IE o						
	(5) Report	Identifiers					
Cove	er Period: From <u>12</u> / <u>1</u> / <u>2021</u> To	12 / 31 / 2021 Report Type: M12					
X O	riginal Amendment Spe	ecial Election Report					
(6)	(6) Contributions This Report (7) Expenditures This Report						
Casl	n & Checks \$, , <u>250</u> . <u>00</u>	Monetary					
Loar		Transfers to Office Account \$, , , 0 . 00					
Tota	I Monetary \$, , <u>250</u> . <u>00</u>						
In-Ki	ind \$,,	Total Monetary \$, , 0 . 00					
		(8) Other Distributions \$, , 000_					
(9)	(9) TOTAL Monetary Contributions To Date \$, 1 , _49500						
(T		tification con to falsify a public record (ss. 839.13, F.S.) rect, and complete: (Type name) Candidate Chairperson (only for PC and PTY)					
X		<u>X</u>					
Si	gnature	Signature					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Jimmy Lodato			2) I.D. Numbe		508
	12/1/2021		12/31/2021		-	-
(3) Cover Perio	od//	through	_ 1 1	(4) Page	_	of
(5)	(7)	(8)	(9)	(10)	(11)	(12)
Date	Full Name	(0)	(0)	(10)	X 5 13	(12)
(6)	(Last, Suffix, First, Middle)					
Sequence	Street Address &	Contributor	Contribution	In-kind		
Number	City, State, Zip Code	Type Occupation	8130100254-45-070-010-010-010-010-010-010-010-010-010	Description	Amendment	Amount
	Pools by David	B swimming	СН			\$250.
12/6/2021	Russell, 11171 Spring Hill Drive	pool supplies				
	Spring Hill, FL 34609	suppites				
1						
3						
1 1						
<i>r</i> • •						
1 1						
1 1						
1						
1 1						
-						
1						
1						
1 1						

C	AMPAIGN TRE	EASURER'S	REPORT – ITEMI	ZED EXPENDI	TURES		
(1) Name Jimmy	ne_Jimmy Lodato			(2) I.D. Numbe	er	508	
	12/1/2021	1	L2/31/2021				
(3) Cover Period _		through	/	(4) Page	1of	0	
(5)	(7)	(8)	(9)	(10)	(11)	
Date	Full N		Purpose	3 86	, manage	,	

(6) Cate (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
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