

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Nancy L. Jacobs  
 Name  
 (2) P.O. Box 273907  
 Address (number and street)  
Tampa, FL 33688  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1206889]

Submitted on:  
 5/11/2020 08:45:46 (eastern)

Check here if address has changed (3) ID Number: 1809

(4) Check appropriate box(es):

Candidate Office Sought: County Court Judge, Grp. 7

Political Committee (PC)  Check here if PC or ECO has disbanded

Electioneering Communications Org. (ECO)  Check here if PTY has disbanded

Party Executive Committee (PTY)  Check here if no other IE or EC reports will be filed

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

### (5) Report Identifiers

Cover Period: From 4 / 1 / 2020 To 4 / 30 / 2020 Report Type: M4

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$        ,        , 0 . 00

Loans \$        ,        , 0 . 00

Total Monetary \$        ,        , 0 . 00

In-Kind \$        ,        , 0 . 00

**(7) Expenditures This Report**

Monetary Expenditures \$        , -27 , 529 . 12

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        , -27 , 529 . 12

**(8) Other Distributions**  
 \$        ,        , 0 . 00

**(9) TOTAL Monetary Contributions To Date**  
 \$        , 75 , 782 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$        , 18 , 271 . 07

### (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 Nancy L. Jacobs (2) I.D. Number 1809

4/1/2020 through 4/30/2020

(3) Cover Period \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ through \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (4) Page 1 of 0

(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
/      /							
/      /							
/      /							
/      /							
/      /							
/      /							
/      /							
/      /							
/      /							

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Nancy L. Jacobs

(2) I.D. Number 1809

(3) Cover Period 4/1/2020 through 4/30/2020

(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
(6) Sequence Number					
4/21/2020 / /	Supervisor of Elections, Hillsborough County 601 E. Kennedy Blvd 16th floor Tampa, Fl 33602	qualifying fee	MO	Add	\$6,072.88
1					
4/21/2020 / /	Supervisor of Elections, Hillsborough County 601 E. Kennedy Blvd 16th floor Tampa, Fl 33602	error entering	MO	Add	\$-33,602.00
2					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					