CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) Melissa Jackson	OFFICE USE ONLY							
Name	ONLINE SUBMISSION [1263847]							
(2) 808 Chadsworth Ave.	Submitted on:							
Address (number and street) Seffner, FL 33584	6/10/2022 13:42:08 (eastern)							
City, State, Zip Code								
Check here if address has changed	(3) ID Number: 2135							
(4) Check appropriate box(es):								
	er Conservation, Dist. 5							
Political Committee (PC)								
Electioneering Communications Org. (ECO)	Check here if PC or ECO has disbanded							
Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an	Check here if PTY has disbanded Check here if no other IE or EC reports will be filed							
individual making electioneering communications)								
Cover Period: From 5 / <u>1</u> / <u>2022</u> T	ort Identifiers							
	pecial Election Report							
(6) Contributions This Report	(7) Expenditures This Report							
¢	Monetary							
Cash & Checks \$ , , , 000	Expenditures \$,,, 20							
Loans \$ , , 0.00	Transfers to							
	Office Account \$, 0 . 00							
Total Monetary \$ , , 0.00								
·	Total Monetary \$,,,3 . 20							
In-Kind \$,,0.00								
	(8) Other Distributions							
	\$,,000							
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
\$,,00	\$, 23 19							
(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 Treasurer Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)							
X	X							
Signature	Signature							

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## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	(1) Name <u>Melissa Jackson</u>				(2) I.D. Number				
5/1/2022			5	/31/2022		-	0		
(3) Cover Perio	od / /	thro	ough	<i>II</i>	(4) Page	è <u> </u>	of		
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)		
Sequence	Street Address &	C	ontributor	Contribution	In-kind				
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount		
/ /	-								
1 1	-								
1 1	-								
1 1	-								
1 1	-								
J I	-								
1 1	-								
1 1	-								

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Meli	CAMPAIGN TREASURER'			EXPENDITURES P. I.D. Number		
(3) Cover Period	5/1/2022 I/through_	5/31/2022	(4) Page <u>1</u>	of	1	
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sough contribution to candidate)		(10) Amendment	(11) Amount	
	Supervisor of Elections 2514 N Falkenburg Rd Tampa, FL 33619	, qualifying fe to verified signed petitions	mes MO		\$3.20	
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