

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Allen Jones  
 Name

(2) 200 Beachview Dr. #3S  
 Address (number and street)

Vero Beach, Fl 32963  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1291451]

Submitted on:  
 2/1/2023 09:42:49 (eastern)

Check here if address has changed (3) ID Number: 451

(4) Check appropriate box(es):

Candidate Office Sought: Indian River County Hospital District - Seat 4

Political Committee (PC)

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

Party Executive Committee (PTY)  Check here if PTY has disbanded

Independent Expenditure (IE) (also covers an individual making electioneering communications)  Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 11 / 4 / 2022 To 2 / 6 / 2023 Report Type: TR

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 \$        , 1 , 058 . 00

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        , 1 , 058 . 00

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

**(9) TOTAL Monetary Contributions To Date**  
 \$        , 5 , 000 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$        , 5 , 000 . 00

### (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 Allen Jones (2) I.D. Number 451

11/4/2022 through 2/6/2023

(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
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Allen Jones

(2) I.D. Number 451

(3) Cover Period 11/4/2022 through 2/6/2023

(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					
2/1/2023 //	JONES, ALLEN N 200 Beachview Dr #3S Indian River Shores, FL 32963	reimbursement	RM		\$1,058.00
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