CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	JACQUELINE PEREZ	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION							
(2)	17675 BOAT CLUB DR	Submitted on:							
	Address (number and street) FORT MYERS, FL 33908	3/8/2021 14:32:19 (eastern)							
	City, State, Zip Code								
	☐ Check here if address has changed	(3) ID Number: 1562							
(4)	Check appropriate box(es):								
	☐ Candidate Office Sought: SCHOOL BOARD-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								
	(5) Report	t Identifiers							
Cove	er Period: From $2 / 1 / 2020$ To	2 / 29 / 2020 Report Type: 20M2							
		ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Casl	n & Checks \$, , , 000	Monetary							
Loar		Transfers to Office Account \$, , , 0 . 00							
	I Monetary \$,,	Total Monetary \$, , , 3 . 13							
In-Ki	and \$	(8) Other Distributions \$, , 000							
(9)	(9) TOTAL Monetary Contributions To Date \$, _48, _47207								
<u>(T</u>	(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								
	gnature	Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	JACQUELINE PEREZ				2) I.D. Numbe	er <u>1</u>	562
	2/1/2020	Theses	2	/29/2020		1	• 0
(3) Cover Perio	od//	_ thro	ougn	<i>'</i>	(4) Pag	e <u> </u>	of
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6)	(Last, Suffix, First, Middle)	_	L M	O 1 1 1	Dog 12556AP		
Sequence Number	Street Address & City, State, Zip Code	Туре	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	JACQUEL	INE P	EREZ				(2) I.D	. Number	1	1562	
	2	2/1/20	20		2/29/2	020					
(3) Cover Po	eriod	1	1	through	1	1	(4) Pa	iae 1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(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
2/29/2020	Stripe, Stripe 510 Townsend St San Francisco, Fl 94103	fees cc	МО	Delete	\$23.13
1					
2/29/2020	Stripe, Stripe 510 Townsend St San Francisco, Fl 94103	fees cc	MO	Add	\$0.00
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DS-DE 14 (Rev	4440)				