CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) Jimbo Jackson	OFFICE USE ONLY							
Name	ONLINE SUBMISSION [1205813]							
(2) 1400 Village Square Blvd, Ste 3-277	Submitted on:							
Address (number and street)	5/5/2020 16:21:02 (eastern)							
Tallahassee, FL 32312 City, State, Zip Code								
Check here if address has changed	(3) ID Number: 576							
_	(3) 10 Number 576							
 (4) Check appropriate box(es): X Candidate Office Sought: Leon County of 	Commission - District 2							
Candidate Office Sought: <u>Leon County</u>								
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 $4 / 1 / 2020$ To	0 <u>4</u> / <u>30</u> / <u>2020</u> Report Type: <u>20M4</u>							
☑ Original ☐ Amendment ☐ Sp	pecial Election Report							
(6) Contributions This Report	(7) Expenditures This Report							
	Monetary							
Cash & Checks \$, , , 0 . 00	Expenditures \$,, 275 . 00							
Loans \$, 0.00	Transfers to							
	Office Account \$,,,0.00							
Total Monetary \$, , 0.00								
	Total Monetary \$, ,275.00							
In-Kind \$,,0.00								
	(8) Other Distributions							
	\$,,000							
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
\$,4_, _95300_	\$,2,18091							
	rtification							
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)	(Type name)							
Individual (only for IE Treasurer Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)							
X	<u>X</u>							
Signature	Signature							

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Jimbo Jackson	(2) I.D. Number					76
	4/1/2020		4	/30/2020			
(3) Cover Perio	od / /	thro	bugh	<i>II</i>	(4) Page	e	of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence	Street Address &	Co	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
/ /	-						
/ /	_						
1 1	-						
/ /	_						
1 1							
1 1	_						
1 1	-						
1 1							

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Jimb	CAMPAIGN TREASURER' o Jackson	(2	EXPENDIT 2) I.D. Number	576	
(3) Cover Period	4/1/2020 I/through_	4/30/2020	l) 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 sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
	CAPITOL HILL ADVISORS LLC, 1400 VILLAGE SQUARE BLVD. SUITE 3-277 TALLAHASSEE, FL 32312	campaign finance services	МО		\$275.00
_/ /					
_/ /					
_ / /					
//					
_ / _					

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES