	CAMPAIGN TREASURE	CAMPAIGN TREASURER'S REPORT SUMMARY							
(1)	Jacqueline Porter	OFFICE USE ONLY							
18 a	Name	ONLINE SUBMISSION							
(2)	PO Box 884	Submitted on:							
	Address (number and street)	11/26/2019 18:59:18 (eastern)							
	Tallahassee, FL 32302 City, State, Zip Code								
	☐ Check here if address has changed	(3) ID Number: 581							
///		(3) ID Number.							
(4)	Check appropriate box(es): X Candidate Office Sought: Tallahassee C	Sity Commission - Seat 1							
	Political Committee (PC)	Ity Commission Beat 1							
	☐ Electioneering Communications Org. (ECO)	Check here if PC or ECO has disbanded							
	Party Executive Committee (PTY)	☐ Check here if PTY has disbanded☐ Check here if no other IE or EC reports will be filed							
	☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)	Check nere if no other is or so reports will be filed							
		dentifiers							
Cov	er Period: From 10 / 1 / 2019 To	10 / 31 / 2019 Report Type: 19M10							
	Original ⊠ Amendment ☐ Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
		Monetary							
Casl	h & Checks \$, , ,000	Expenditures \$, , , 0 . 00							
T	e 0.00								
Loar	ns \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$							
Tota	al Monetary \$, , 0.00	Office Account \$, , , 0 . 00							
TULA	il Morietary	Total Monetary \$, , 0 . 00							
In-Ki	ind \$, , 0.00	, , , , , , , , , , , , , , , , , , , ,							
111	, ,	(8) Other Distributions							
		\$,, ooo							
701									
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
	\$	\$, <u>3</u> , <u>142</u> . <u>95</u>							
	(11) Cert	L tification							
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:									
(T	Type name)	(Type name)							
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)							
or	electioneering comm.)								
Х		×							
	ignature	Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Jacqueline Porter				2) I.D. Numbe	er <u> </u>	81
(3) Cover Peri	od///	thro	1 ough	0/31/2019 //	(4) Pag	e	of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
	Oity, State, Zip Code	Турс	Occupation	Турс	Description		Amount
1 1							
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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 Jacqueline Porter						(2) I.D. Number		581		
	10/1/2	019		10/31/	2019		-			
(3) Cover Period	1	1	through	1	1	(4) Page	1	of	1	

(5) Date		(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
10/31/2019	Porter, Jacqueline PO BOX 884 Tallahassee, FL 32302	reimbursement to jack porter, p.o. box 884, tallahassee, fl 32301 for payment for	RM	Delete	\$150.00
10/31/2019	Porter, Jacqueline PO BOX 884 Tallahassee, FL 32302	reimbursement	RM	Add	\$150.00
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//					
DS-DE 14 (Rev.					

CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

(1)	Name Jaco	queline Porter	(2)	I.D. Number 581				
(3)	Cover Perio	od thro	ough10/31/2019	(4) Page	e <u> </u>	of1		
	(5) Date (6) equence	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Related Expenditures	(10) Amendment	(11) Amount		
	10/31/2019	•	į	2019-10-3	Add	\$150.00		
:	1							