CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	Jacqueline Porter	OFFICE USE ONLY								
	Name	ONLINE SUBMISSION [1241124]								
(2)	PO Box 884	Submitted on:								
	Address (number and street) Tallahassee, FL 32302	1/5/2021 12:54:42 (eastern)								
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number: 581								
(A)		(4) 13 1141113011								
(4)	Check appropriate box(es): Candidate Office Sought: Tallahassee City Commission - Seat 1 Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if PC or ECO has disbanded Check here if PTY has disbanded Check here if no other IE or EC reports will be filed									
(5) Report Identifiers										
Cove	er Period: From <u>8</u> / <u>14</u> / <u>202</u> 0 To	11 / 16 / 2020 Report Type: 20T3								
□ 0	riginal 🖾 Amendment 🗌 Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Casl	n & Checks \$, , ,000	Monetary Expenditures \$, , , 55								
Loar	s \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$,,,0 . 00								
Total Monetary \$		Total Monetary \$, , _21 . 55								
In-Ki	nd \$,, <u>0</u> . <u>00</u>									
		(8) Other Distributions \$, , <u>0</u> 00								
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
	\$, <u>87</u> , <u>234</u> . <u>13</u>	\$, <u>87</u> , <u>234</u> . <u>13</u>								
	(11) Cert It is a first degree misdemeanor for any pers ertify that I have examined this report and it is true, corr ype name)	on to falsify a public record (ss. 839.13, F.S.)								
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)								
X		X								
Si	gnature	Signature								

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Jacqueline Porter				2) I.D. Numbe	er <u>5</u>	81
	8/14/2020		1	1/16/2020			
(3) Cover Perio	od / /	thro	ough	<i>I I</i>	(4) Pag	e ¹	of
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
1 1				5545			
1 1							
1 1							
j j							
Ī I							
1 1							
1 1							
1 1							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	acquel:	ine Po	orter				 (2) I.D. Nun	nber	5	581	and an artist of the second
	8	3/14/2	020		11/16/	2020					
(3) Cover Pe	riod	1	1	through	1	1	(4) Page	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
11/4/2020	Bank, Capital City 304 E Tennessee St	fees	MO	Add	\$21.55
1	Tallahassee, FL 32301				
//					
//					
//					
//					
//					
//					
//					
DS-DE 14 (Rev.	44(40.)				