CAMPAIGN TREASUR	ER'S REPORT SUMMARY
(1) Jason Singletary	OFFICE USE ONLY
Name	ONLINE SUBMISSION
(2)	Submitted on:
Address (number and street)	7/1/2020 21:12:47 (eastern)
City, State, Zip Code	
Check here if address has changed	(3) ID Number: 187
(4) Check appropriate box(es):	
	Member, Dist. 4
Political Committee (PC)	
<ul><li>☐ Electioneering Communications Org. (ECO)</li><li>☐ Party Executive Committee (PTY)</li></ul>	☐ Check here if PC or ECO has disbanded ☐ Check here if PTY has disbanded
☐ Independent Expenditure (IE) (also covers an	☐ Check here if no other IE or EC reports will be filed
individual making electioneering communications)	
(5) Repo	rt Identifiers
Cover Period: From 6 / 13 / 2020 To	0 6 / 26 / 2020 Report Type: P2
✓ Original	pecial Election Report
(6) Contributions This Report	(7) Expenditures This Report
	Monetary
Cash & Checks \$ , , 0 . 00	Expenditures \$ , , _25 . 00
Loans \$ , , 0.00	
Loans \$,,,000	Transfers to Office Account \$ , , 0 . 00
Total Monetary \$ , , 0.00	, , , ,
·	Total Monetary \$ , , 25 . 00
In-Kind \$ , , 000	
	(8) Other Distributions
	\$
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date
\$, <u>1</u> , <u>200</u> . <u>00</u>	\$, <u>1</u> , <u>173</u> . <u>40</u>
	rtification son to falsify a public record (ss. 839.13, F.S.)
I certify that I have examined this report and it is true, co	rrect. and complete:
(Type name) ☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer	(Type name) ☐ Candidate ☐ Chairperson (only for PC and PTY)
or electioneering comm.)	
×	x
Signature	Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name (2) I.D. Number							
	6/13/2020		6	/26/2020		-	0
(3) Cover Perio	od / /	thro	ough	<i>I I</i>	(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
Number	City, State, Zip Code	туре	Occupation	туре	Description	3 arienament	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	Jason	Single	tary				 (2) I.D. Num	nber	1	L87	an an
		6/13/2	2020		6/26/2	020					
(3) Cover Po	eriod	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
6/13/2020	CO, JBA 15766 NE Bob Sanders Road Hosford, FL 32334	cards	MO		\$25.00
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