

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Reginald Landers Jr  
 Name  
 (2) 1880 NW 27th Ave  
 Address (number and street)  
Ocala, FL 34475  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1195069]

Submitted on:  
 11/15/2019 16:46:55 (eastern)

Check here if address has changed (3) ID Number: 467

(4) Check appropriate box(es):

Candidate Office Sought: City Council - 2 - Ocala

Political Committee (PC)  Check here if PC or ECO has disbanded

Electioneering Communications Org. (ECO)  Check here if PTY has disbanded

Party Executive Committee (PTY)  Check here if no other IE or EC reports will be filed

Independent Expenditure (IE) (also covers an individual making electioneering communications)

### (5) Report Identifiers

Cover Period: From 9 / 13 / 2019 To 12 / 16 / 2019 Report Type: TR-G

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$        ,        , 0 . 00

Loans \$        ,        , 0 . 00

Total Monetary \$        ,        , 0 . 00

In-Kind \$        ,        , 0 . 00

**(7) Expenditures This Report**

Monetary Expenditures \$        ,        , 96 . 08

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 96 . 08

**(8) Other Distributions**  
 \$        ,        , 0 . 00

**(9) TOTAL Monetary Contributions To Date**  
 \$        , 4 , 320 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$        , 4 , 320 . 00

### (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 or electioneering comm.)  Treasurer  Deputy Treasurer

**X** \_\_\_\_\_  
 Signature

(Type name) \_\_\_\_\_  
 Candidate  Chairperson (only for PC and PTY)

**X** \_\_\_\_\_  
 Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Reginald Landers Jr (2) I.D. Number 467

9/13/2019 12/16/2019

(3) Cover Period \_\_\_ / \_\_\_ / \_\_\_ through \_\_\_ / \_\_\_ / \_\_\_ (4) Page 1 of 0

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Reginald Landers Jr

(2) I.D. Number 467

(3) Cover Period 9/13/2019 through 12/16/2019

(4) Page 1 of 1

(5) Date	(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
(6) Sequence Number					
11/15/2019 / /	Lawrence, Barbara 8260 SW 135th Loop Ocala, Fl 34473	reimbursement/ stamps stationary	MO		\$96.08
1					
11/15/2019 / /	Estella Byrd Whitman Wellness , 819 NW 7th Street Ocala, Fl 34475	contribution to non-profit organization	DI		\$225.04
2					
/ /					
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