CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Jeff Gold	OFFICE USE ONLY							
` ,	Name	ONLINE SUBMISSION							
(2)	PO Box 2046	[1199327]							
	Address (number and street)	Submitted on: 2/8/2020 07:36:36 (eastern)							
	Ocala, FL 34478								
City, State, Zip Code									
	Check here if address has changed	(3) ID Number:481							
(4)	Check appropriate box(es):								
	<ul> <li>☐ Candidate Office Sought: COUNTY COMMISSIONER - 3</li> <li>☐ Political Committee (PC)</li> <li>☐ Electioneering Communications Org. (ECO)</li> <li>☐ Party Executive Committee (PTY)</li> <li>☐ Check here if PTY has disbanded</li> <li>☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)</li> </ul>								
	(5) Report	Identifiers							
Cove	er Period: From 1 / 1 / 2020 To	1 / 31 / 2020 Report Type: M1							
<u>X</u> 0	riginal Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Casl	n & Checks \$ , , <u>775</u> . <u>00</u>	Monetary Expenditures \$ , , , 0 . 00							
Loar	s \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$ , , , 0 . 00							
Tota	I Monetary \$ , , <u>775</u> . <u>00</u>	Total Monetary \$ , , 0 . 00							
In-Ki	nd \$,, <u>62</u> .40								
		(8) Other Distributions \$ , , 000_							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
	\$, <u>11</u> , <u>075</u> . <u>00</u>	\$ , , <u>275</u> . <u>42</u>							
(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:									
	ype name) Individual (only for IE	(Type name) ☐ Candidate ☐ Chairperson (only for PC and PTY)							
X		×							
	gnature	Signature							

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name Jeff Gold					(2) I.D. Number 481				
	1/1/202	0		1/31/	2020				
(3) Cover Period	1	1	through	1	1	(4) Page	1	of	1

(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	C Type	Contributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
1/26/2020	Vowinkle, Charles Protected Law Enforcement Ocala, FL 34476	Î	retired leo	СН			\$25.0
1/26/2020	Leo Smith Investigations, INC, PO Box 831431 Ocala, FL 34483	В	investigat ions	: CH			\$250.0
1/15/2020	Gold, Jeff PO Box 2046 Ocala, FL 34478	S	retired leo	IK	petition cards		\$62.4
1/31/2020	Ausley, Kenneth 5100 SW 7th Avenue Rd Ocala, FL 34471	I	commercial builder	. CH			\$500.0
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1 1							
1 1							

Name Jeff	1/1/2020 1/		2) I.D. Number	-	
Cover Period	/through		4) Page <u>1</u>	of	0
(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)	(11)
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DS-DE 14 (Rev. 11/13 )	SEE REVERSE