	CAMPAIGN TREASURER'S REPORT SUMMARY						
(1)	Jeff Gold	OFFICE USE ONLY					
	Name	ONLINE SUBMISSION					
(2)	PO Box 2046	Submitted on:					
	Address (number and street)	4/9/2019 17:43:36 (eastern)					
	Ocala, FL 34478						
	City, State, Zip Code						
	Check here if address has changed	(3) ID Number: 481					
(4)	Check appropriate box(es):						
	☐ Candidate Office Sought: COUNTY COMMIS	SIONER - 3					
	Political Committee (PC)	Charle have if DC as ECO has dishanded					
		☐ 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) Panart	b Idontifiana					
Cov		t Identifiers					
	er Period: From $\frac{3}{2}$ / $\frac{1}{2}$ / $\frac{2019}{201}$ To						
X O	Original Amendment Spe	ecial Election Report					
(6)	Contributions This Report	(7) Expenditures This Report					
		Monetary					
Casl	h & Checks \$ , , 0 . <u>00</u>	Expenditures \$ , , 0 . 00					
4	f 500 00						
Loar	ns \$, <u>500</u> .00	Transfers to Office Account \$					
	E00 00	Office Account \$ , , , 0 . 00					
Tota	al Monetary \$ , , <u>500</u> . <u>00</u>	Total Monetary \$ . 0 . 00					
	ф E 261 27	Total Monetary \$ , , 0 . 00					
In-Ki	find \$,5, _26127						
		(8) Other Distributions					
		\$,, <u>0</u> . <u>00</u>					
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
	\$,, 500 00	\$,,,000					
(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:							
(T	Type name)	(Type name)					
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)					
UI	electioneering comm.)						
X		x					
Si	ignature	Signature					

## CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name (2) I.D. Number						
(3) Cover Peri	3/1/2019 od///	3/31/2019		(4) Page of		
(5) Date	(7) Full Name	(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Contributor Type Occupation	Contribution Type	In-kind Description	Amendment	Amount
3/22/2019 / /	Gold, Jeff PO Box 2046 Ocala, FL 34478	I retired leo-ff	LO			\$500.0
3/20/2019 / /	Gold, Jeff ***Protected***	I retired firefighter/leo	IK	signs and supplies from 2016.		\$5,261.2
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j j						
J J						

3/20/2019	Gold, Jeff ***Protected***	I	retired firefighte r/leo	IK	signs and supplies from 2016.		\$5,261.2
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DS-DE 13 (Rev. 11/1	3 )	SEE RE	EVERSE FOR I	NSTRUCTIONS	S AND CODE VAL	.UES	

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES							
(1) Name Jeff	Gold			(2) I.D. Numbe	ř	481	
	3/1/2019	3/31	L/2019				
(3) Cover Period	i	through	<u> </u>	(4) Page1	of _	0	
					New York		
(5)	(7)		(8)	(9)	(10)	(11)	
Date	Full Nan		Purpose	ie .	8 4	~ ~	

(5) Date (6) Sequence Number	(7) 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
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