| CAMPAIGN TREASURER'S REPORT SUMMARY | | | | | | | | | | |
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| (1) | Curtis Jones | OFFICE USE ONLY | | | | | | | | |
| | Name | ONLINE SUBMISSION [1249414] | | | | | | | | |
| \ - / | 1013 NE 13th Street | Submitted on: | | | | | | | | |
| | Address (number and street) Ocala, Fl 34470 | 9/15/2021 20:04:44 (eastern) | | | | | | | | |
| _ | City, State, Zip Code | | | | | | | | | |
| | ☐ Check here if address has changed | (3) ID Number: 600 | | | | | | | | |
| (4) | Check appropriate box(es): | | | | | | | | | |
| | ☐ Candidate Office Sought: City Council - 4 - Special Election Ocala ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications) ☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed | | | | | | | | | |
| | (5) Report | Identifiers | | | | | | | | |
| Cove | r Period: From 8 / 21 / 2021 To | 9 / 3 / 2021 Report Type: <u>G2</u> | | | | | | | | |
| X Ori | iginal Amendment Spe | ecial Election Report | | | | | | | | |
| (6) | Contributions This Report | (7) Expenditures This Report | | | | | | | | |
| Cash | Cash & Checks \$, , , 000 Monetary Expenditures \$, , , _000 | | | | | | | | | |
| Loans | | Transfers to Office Account \$, , , 0 . 00 | | | | | | | | |
| Total | Monetary \$,,, | Tatal Manatana | | | | | | | | |
| In-Kin | nd \$,, <u>267</u> . <u>20</u> | Total Monetary \$, , 0 . 00 | | | | | | | | |
| | | (8) Other Distributions \$, , 000_ | | | | | | | | |
| . , | TOTAL Monetary Contributions To Date \$, , _10000_ | (10) TOTAL Monetary Expenditures To Date \$, , 3850 | | | | | | | | |
| (Typor el | (11) Cert It is a first degree misdemeanor for any persecutify that I have examined this report and it is true, corresponding to the personal lateral laterala | on to falsify a public record (ss. 839.13, F.S.) ect, and complete: (Type name) Candidate Chairperson (only for PC and PTY) | | | | | | | | |
| X Sig | inature | X Signature | | | | | | | | |

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

| (1) Name | Curtis Jones | | (2) I.D. Number | | | | |
|-----------------|-----------------------------------|------|-----------------|--------------|-------------|-----------|-----------------|
| | 8/21/2021 | | | /3/2021 | | | |
| (3) Cover Perio | od// | thro | | | (4) Page | 1 | of $\frac{1}{}$ |
| | | | 0,000 | | | 1 | |
| (5) | (7) | | (8) | (9) | (10) | (11) | (12) |
| Date | Full Name | | | | | | |
| (6) | (Last, Suffix, First, Middle) | | | | | | |
| Sequence | Street Address & | C | ontributor | Contribution | In-kind | | |
| Number | City, State, Zip Code | Туре | | Туре | Description | Amendment | Amount |
| 9/3/2021 | Fakhoury medical & | | chiropract | IK | campaign | | \$267.2 |
| 9/3/2021 | Chiropracti, 1009 SW 16th lane | | ic | | signs | | |
| | Ocala, Fl 34471 | | | | | | |
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DS-DE 13 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

|) Name <u>Curtis</u> | 8 Jones 8/21/2021 9/3 | <u></u> | PORT – ITEMIZED EXPENDIT | | |
|------------------------------|------------------------------------------------------------------------------------|----------------------------------------------------------------|----------------------------|------|------|
|) 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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