

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Harold E. Jenkins  
 Name

(2) 12260 SE Dixie Hwy  
 Address (number and street)

Hobe Sound, FL 33455  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1204664]

Submitted on:  
 4/10/2020 22:27:30 (eastern)

Check here if address has changed

(3) ID Number: 217

(4) Check appropriate box(es):

- Candidate Office Sought: County Commissioner, District 3
- Political Committee (PC)
- Electioneering Communications Org. (ECO)  Check here if PC or ECO has disbanded
- Party Executive Committee (PTY)  Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications)  Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 3 / 1 / 2020 To 3 / 31 / 2020 Report Type: M3

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$        ,        , 450 . 00

Loans \$        ,        , 0 . 00

Total Monetary \$        ,        , 450 . 00

In-Kind \$        ,        , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures \$        ,        , 0 . 00

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 0 . 00

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        , 26 , 326 . 00

### (10) TOTAL Monetary Expenditures To Date

\$        , 3 , 733 . 67

### (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 Harold E. Jenkins (2) I.D. Number 217

3/1/2020 through 3/31/2020

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

(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
3/4/2020 / /	Scherr, Eric PO Box 142 Hobe Sound, FL 33475	I	retired	CH			\$250.00
1							
3/4/2020 / /	Lord, Bethany 1050 sw Chapman Way Palm City, FL 34990	I	hospital executive	CH			\$200.00
2							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Harold E. Jenkins

(2) I.D. Number 217

(3) Cover Period 3/1/2020 through 3/31/2020

(4) Page 1 of 0

(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					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					