

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Jacob Petroski  
 Name  
 (2) PO Box 287  
 Address (number and street)  
Gotha, FL 34734  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1303246]

Submitted on:  
 2/8/2024 02:31:41 (eastern)

Check here if address has changed (3) ID Number: 1168

(4) Check appropriate box(es):

Candidate Office Sought: School Board Dist. 4

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 1 / 1 / 2024 To 1 / 31 / 2024 Report Type: M1

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$        ,        , 250 . 00

Loans \$        ,        , 0 . 00

Total Monetary \$        ,        , 250 . 00

In-Kind \$        ,        , 0 . 00

**(7) Expenditures This Report**

Monetary Expenditures \$        , 3 , 011 . 93

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        , 3 , 011 . 93

**(8) Other Distributions**

\$        ,        , 0 . 00

**(9) TOTAL Monetary Contributions To Date**

\$        , 22 , 875 . 00

**(10) TOTAL Monetary Expenditures To Date**

\$        , 7 , 126 . 06

### (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 Jacob Petroski (2) I.D. Number 1168  
 (3) Cover Period 1/1/2024 through 1/31/2024 (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
1/15/2024 / /	Bridges, Jennifer 1057 Almond Tree Cir Orlando, FL 32835	I	na	CH			\$250.00
1							
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Jacob Petroski

(2) I.D. Number 1168

(3) Cover Period 1/1/2024 through 1/31/2024

(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					
1/6/2024 / /	Em Agency, 855 Plant Street, Suite 1600 Winter Garden, FL 34787	advertisement	MO		\$3,000.00
1					
1/31/2024 / /	Donorbox, 1520 Belle View Blvd #4106 Alexandria, VA 22307	online donation processing fee	MO		\$11.93
2					
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