CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	Teresa Jacobs	OFFICE USE ONLY						
, ,	Name	ONLINE SUBMISSION						
(2)	PO Box 73	Submitted on:						
	Address (number and street)	9/23/2022 11:51:01 (eastern)						
	Gotha, FL 34734							
	City, State, Zip Code							
	Check here if address has changed	(3) ID Number:1140						
(4)	(4) Check appropriate box(es):							
	Candidate Office Sought: School Board	Chair						
	<ul><li>☐ Political Committee (PC)</li><li>☐ Electioneering Communications Org. (ECO)</li></ul>	☐ Check here if PC or ECO has disbanded						
	Party Executive Committee (PTY)	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) Repor	t Identifiers						
Cove	er Period: From 7 / 2 / 2022 To	7 / 15 / 2022 Report Type: P3						
		ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
(-)	Communications that repert	Monetary						
Cash	n & Checks \$ , , 0 . 00	Expenditures \$ , , 14 . 80						
ouo.	7 <u></u> 7 <u></u> 7 <u></u>							
Loar	s \$,,, _0 . 00	Transfers to						
		Office Account \$ , , 0 . 00						
Tota	I Monetary \$ , , 0 . 00							
		Total Monetary \$ , , _14 . 80						
In-Ki	nd \$ , , 0 . <u>00</u>							
		(8) Other Distributions						
		\$,, <u>0</u> . <u>00</u>						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$,75_, 930 . 00	\$, 71 , 829 . 54						
(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	ype name)	(Type name)						
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)						
Х		x						
	gnature	Signature						

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Teresa Jacobs			(	2) I.D. Numbe	r1	140
	7/2/2022		7	/15/2022			
(3) Cover Perio	od//	thro	ough	<i>I I</i>	(4) Page	1	of
4				T 1			
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6) Sequence	(Last, Suffix, First, Middle) Street Address &		ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
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1 1							

DS-DE 13 (Rev. 11/13 ) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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

(1) Name _	Teresa	Jacobs	3				(2) I.	D. Numbe	r	1	140	30
		7/2/20	22		7/15/20	022						
(3) Cover P	eriod	I	1	through	1	1	(4) P	age 1	_	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	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
7/8/2022	Stripe, 185 Berry St Suite 550 San Francisco, CA 94107	cc processing	MO	Add	\$14.80
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DS-DE 14 (Rev					