CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	Teresa Jacobs	OFFICE USE ONLY								
	Name	ONLINE SUBMISSION								
(2)	PO Box 73									
	Address (number and street)	Submitted on: 8/4/2022 20:19:51 (eastern)								
	Gotha, FL 34734									
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number:1140								
(4)	Check appropriate box(es):									
	<ul> <li>☐ Candidate Office Sought: School Board Chair</li> <li>☐ Political Committee (PC)</li> <li>☐ Electioneering Communications Org. (ECO)</li> <li>☐ Party Executive Committee (PTY)</li> <li>☐ Check here if PTY has disbanded</li> <li>☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)</li> <li>☐ Check here if no other IE or EC reports will be filed</li> </ul>									
	(5) Report	t Identifiers								
Cove	er Period: From 7 / 23 / 2022 To									
0	original Amendment Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Casl	h & Checks \$ , , 0 . 00	Monetary								
Loar		Transfers to Office Account \$ , , , 0 . 00								
Tota	Monetary \$,,,00	Total Monetary \$ , 2 , <u>000</u> . <u>00</u>								
In-Ki	ind \$,, <u>0</u> . <u>00</u>									
		(8) Other Distributions \$ , , <u>0</u> 00								
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
	\$, <u>72</u> , <u>930</u> . <u>00</u>	\$, <u>60</u> , <u>062</u> . <u>37</u>								
(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	☐ Candidate ☐ Chairperson (only for PC and PTY)								
X		x								
Si	gnature	Signature								

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

(1) Name	Teresa Jacobs			(2) I.D. Number					
	7/23/2022		7	/29/2022					
(3) Cover Peri	od//	thro	ough	<i>l l</i>	(4) Page	1	of		
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)		
(6) Sequence	(Last, Suffix, First, Middle) Street Address &	-	ontributor	Contribution	In-kind	X 95 22 10 90 4 X 90 22 90 9	•		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount		
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## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name _	Teresa	Jacobs	3				 (2) I.D. Nun	nber	1	1140	-
		7/23/2	022		7/29/20	)22					
(3) Cover P	eriod	1	1	through	1	1	(4) Page	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
7/28/2022	Universal Travel CO, 1000 Universal Studios Plaza B@ Room 322 Orlando, FL 32819	refund	RE	Add	\$1,000.00
7/27/2022	NBC Universal Media, 100 Universal City Plaza Universal City, CA 91608	refund	RE	Add	\$1,000.00
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