

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Sharon D. Jackson  
 Name

(2) 2570 Gomaz Way South  
 Address (number and street)

St. Petersburg, FL 33712  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1231453]

Submitted on:  
 9/20/2020 18:49:39 (eastern)

Check here if address has changed (3) ID Number: 1013

(4) Check appropriate box(es):

Candidate Office Sought: School Board Member - District 7 - Single Member

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 8 / 14 / 2020 To 11 / 16 / 2020 Report Type: TRP

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$        ,        , 0 . 00

Loans \$        ,        , 0 . 00

Total Monetary \$        ,        , 0 . 00

In-Kind \$        ,        , 0 . 00

**(7) Expenditures This Report**

Monetary Expenditures \$        , 6 , 532 . 74

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        , 6 , 532 . 74

**(8) Other Distributions**  
 \$        ,        , 0 . 00

**(9) TOTAL Monetary Contributions To Date**  
 \$        , 15 , 758 . 32

**(10) TOTAL Monetary Expenditures To Date**  
 \$        , 15 , 758 . 32

### (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 Sharon D. Jackson (2) I.D. Number 1013

8/14/2020 through 11/16/2020

(3) Cover Period \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ through \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (4) Page 1 of 0

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

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Sharon D. Jackson

(2) I.D. Number 1013

(3) Cover Period 8/14/2020 through 11/16/2020

(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					
9/18/2020 //	Sharon, Jackson 2570 Gomaz Way South St. Petersburg, FL 33712	refund candidate	MO		\$6,532.74
1					
//					
//					
//					
//					
//					
//					
//					