

CAMPAIGN TREASURER'S REPORT SUMMARY

OFFICE USE ONLY

(1) Jill Sessions
 Name
 (2) 4618 Alpine Dr.
 Address (number and street)
Lakeland, FL 33801
 City, State, Zip Code

Check here if address has changed

(3) ID Number: 207

(4) Check appropriate box(es):

- Candidate Office Sought: School Board District 7
- 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 6 / 1 / 2022 To 6 / 17 / 2022 Report Type: P1

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 \$, , 102 . 42

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 102 . 42

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 20 , 566 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 16 , 065 . 65

(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 Jill Sessions (2) I.D. Number 207
 (3) Cover Period 6/1/2022 through 6/17/2022 (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
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Jill Sessions

(2) I.D. Number 207

(3) Cover Period 6/1/2022 through 6/17/2022

(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					
6/10/2022 / /	PRHCCPC, PO Box 2135 Bartow, FL 33831	event	MO	Add	\$102.42
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