

## CAMPAIGN TREASURER'S REPORT SUMMARY

OFFICE USE ONLY

(1) Sara Estelle Jones

Name

(2) P.O. Box 48

Address (number and street)

Lake Wales,, FL 33859

City, State, Zip Code

Check here if address has changed

(3) ID Number: 213

(4) Check appropriate box(es):

Candidate Office Sought: School Board District 6

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 8 / 19 / 2022 To 11 / 21 / 2022 Report Type: TR

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 \$        , 1 , 913 . 78

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        , 1 , 913 . 78

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        , 16 , 335 . 81

### (10) TOTAL Monetary Expenditures To Date

\$        , 16 , 335 . 81

### (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 Sara Estelle Jones (2) I.D. Number 213

8/19/2022 through 11/21/2022

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

(1) Name Sara Estelle Jones

(2) I.D. Number 213

(3) Cover Period 8/19/2022 through 11/21/2022

(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					
11/1/2022 //	Law P.A., Sara Jones PO Box 48 Lake Wales, FL 33859.00	loan repayment	MO		\$1,913.78
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