CAMPAIGN TREASURER'S REPORT SUMMARY							
(1)	Jane Thomas Crawford	OFFICE USE ONLY					
	Name	ONLINE SUBMISSION [1156991]					
(2)	105 Roberts Court	Submitted on:					
	Address (number and street)	6/11/2018 13:16:44 (eastern)					
	Palatka, FL 32177 City State Zin Code						
	City, State, Zip Code						
	Check here if address has changed	(3) ID Number:285					
(4)	Check appropriate box(es):						
	☐ Candidate Office Sought: School Board	Dist 5					
	☐ Political Committee (PC)☐ Electioneering Communications Org. (ECO)	☐ Check here if PC or ECO has disbanded					
		☐ 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) Report	dentifiers					
Cov	er Period: From 5 / 1 / 2018 To						
		ecial Election Report					
(6)	Contributions This Report	(7) Expenditures This Report					
2002	Φ 0.00	Monetary					
Cas	h & Checks \$, , 0 . <u>00</u>	Expenditures \$, , 0 . 00					
Loar	ns \$, , 0.00	Transfers to					
Luai	, , , , , , , , , , , , , , , , , , , ,	Office Account \$, , 0 . 00					
Tota	al Monetary \$, , 0 . 00	, , , , ,					
1000	i Workday	Total Monetary \$, , 0 . 00					
In-K	ind \$,, <u>101</u> . <u>00</u>	,, ,, ,, ,,					
11113	, , , ,	(8) Other Distributions					
		\$,					
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
	\$, <u>9</u> , <u>000</u> . <u>00</u>	\$, , <u>504</u> . <u>55</u>					
	(11) Cort	Itification					
	It is a first degree misdemeanor for any pers						
I certify that I have examined this report and it is true, correct, and complete:							
	Type name)	(Type name)					
	Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)					
<u>X</u>		X					
Si	ignature	Signature					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Jane Thomas Crawfor	(2) I.D. Number					
	5/1/2018 od////		5	/31/2018	(4) Pag	je <u>1</u>	of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	Contributor Type Occupation		Contribution Type	Description	Amendment	Amount
5/31/2018	Crawford, Jane Thomas 105 Roberts Court Palatka, FL 32177		pcsd chairperso n	IK	payment for campaign meeting refreshmen ts	Add	\$101.0
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1 1							
J I							
J I							
J I							
1 1							
1 1							
DS-DE 13 (Rev. 11/1	3)	SEE RE	EVERSE FOR I	NSTRUCTIONS	S AND CODE VAL	.UES	

Name Ualle	Thomas Crawfor 5/1/2018	a F	/31/2018	(2) I.D. Number	T	285
Cover Period	J /			(4) Page1	of	0
(5) Date (6)	(7) Full N (Last, Suffix, F Street Ad	ame 'irst, Middle)	(8) Purpose (add office sought contribution to a		(10)	(11)
Sequence Number	City, State,		candidate)	Туре	Amendment	Amount
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DS-DE 14 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES							