CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Jason William Palm	OFFICE USE ONLY						
Name	ONLINE SUBMISSION [1208931]						
(2) 1925 SW Sylvester Ln	Submitted on:						
Address (number and street) Port St. Lucie, FL 34984	6/8/2020 12:28:29 (eastern)						
City, State, Zip Code	—						
Check here if address has changed	(3) ID Number: 453						
(4) Check appropriate box(es):							
<ul> <li>Candidate Office Sought: <u>School Board</u>, <u>District 4</u></li> <li>Political Committee (PC)</li> <li>Electioneering Communications Org. (ECO)</li> <li>Party Executive Committee (PTY)</li> <li>Independent Expenditure (IE) (also covers an individual making electioneering communications)</li> </ul>							
(5) Report Identifiers							
Cover Period: From <u>5</u> / <u>1</u> / <u>2020</u> To	5 / <u>31</u> / <u>2020</u> Report Type: <u>M5</u>						
🖾 Original 🗌 Amendment 🗌 Sp	ecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
Cash & Checks \$ , , , 0 . 00	Monetary Expenditures \$,, <u>975</u> .86						
Loans \$,, <u>0</u> .00	Transfers to Office Account \$,,,0.						
Total Monetary       \$	Total Monetary \$,, <u>975</u> .86						
	(8) Other Distributions						
	\$,, <u>0</u> . <u>00</u>						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$, <u>10</u> , <u>750</u> . <u>00</u>	\$, <u>3</u> _, <u>037</u> . <u>97</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, cor	rect, and complete:						
(Type name)	(Type name)						
Individual (only for IE Treasurer Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)						
x	x						
Signature	Signature						

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## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	(1) Name				m (2) I.D. Number453				
5/1/2020			5	/31/2020		-	0		
(3) Cover Perio	od / /	thro	ough	11	(4) Page	e	of		
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)		
Sequence	Street Address &	C	ontributor	Contribution	In-kind				
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount		
1 1	-								
1 1									
1 1							,, ,		
1 1	_								
1 1	_								
1 1									
1 1									
1 1									

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Jaso	CAMPAIGN TREASURER' n William Palm		) EXPENDITURES 2) I.D. Number		453	
(3) Cover Period	5/1/2020 I/through_	5/31/2020 //	(4) Page <u>1</u>	of	1	
(5) Date (6) Sequence Number	(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	
5/8/2020	BB&T, 10585 S. US 1 PORT ST LUCIE, FL 34953	campaign loan repayment	MO		\$402.94	
	Supervisor of Elections, 4132 Okeechobee Rd Fort Pierce, FL 34947	ballot qualifying payment	MO		\$1,572.92	
_/ /						
11						
_/ /						
_/ /						
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