

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Jaime R. Topp
 Name
 (2) 6119 Old Dixie Dr.
 Address (number and street)
St. Augustine, FL 32095
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1291217]

Submitted on:
 1/27/2023 15:29:19 (eastern)

Check here if address has changed

(3) ID Number: 1189

(4) Check appropriate box(es):

- Candidate Office Sought: Airport Authority Group 3
- 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 11 / 4 / 2022 To 2 / 6 / 2023 Report Type: TRG

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 \$, , 0 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 0 . 00

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 1 , 650 . 21

(10) TOTAL Monetary Expenditures To Date

\$, 1 , 650 . 21

(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 Jaime R. Topp (2) I.D. Number 1189

11/4/2022 through 2/6/2023

(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 Jaime R. Topp

(2) I.D. Number 1189

(3) Cover Period 11/4/2022 through 2/6/2023

(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					
1/27/2023 / /	Wounded Warriors Families, 11218 John Galt Blvd. ste 103 Omaha, NE 68137	donation to charity	DI		\$168.61
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