

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) ~~MICHAEL JOHNSON~~ Donald Jackson

Name

(2) ~~675 NW 56TH Street, APT 108~~ 6061 SW 63 St

Address (number and street)

Miami, FL, ~~33127~~ 33143

City, State, Zip Code

Check here if address has changed



(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: TREASURER Commissioner, group IV

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 10 / 01 / 17 To 10 / 31 / 17 Report Type: M 10

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ . 00

Loans \$ _____ 20 . 00

Total Monetary \$ _____ . 00

In-Kind \$ _____ . 00

(7) Expenditures This Report

Monetary Expenditures \$ _____ . 00

Transfers to Office Account \$ _____ . 00

Total Monetary \$ _____ . 00

(8) Other Distributions

\$ _____ . 00

(9) TOTAL Monetary Contributions To Date

\$ _____ 20 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ . 00

(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) MICHAEL JOHNSON

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X [Signature]
Signature

(Type name) Donald Jackson

Candidate Chairperson (only for PC and PTY)

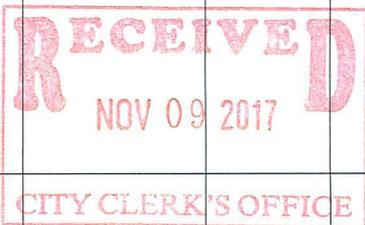
X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name MICHAEL JOHNSON ~~Donald Jackson~~ (2) I.D. Number _____

(3) Cover Period 10 / 01 / 17 through 10 / 31 / 17 (4) Page 0 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
(6) Sequence Number		Type	Occupation	Type	Description		
10 / 24 / 2017	Jackson, Jr. Donald David	I		LOA			\$20.00
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name ~~MICHAEL JOHNSON~~ Donald Jackson

(2) I.D. Number _____

(3) Cover Period 10 / 01 / 17 through 10 / 31 / 17

(4) Page 0 of 0

(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					
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