CAMPAIGN TREASURE	R'S REPORT SUMMARY				
(1) Jim my Earl Reacoch	OFFICE USE ONLY				
Name 49 Lawry Rd Address (number and street), Now Tyerde, F1, 34756 City, State, Zip Code					
Check here if address has changed	(3) ID Number: 104764752				
(4) Check appropriate box(es): Candidate Office Sought: Monthards Town Colon 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)					
	Identifiers				
	M / S / 24 Report Type:				
	ecial Election Report				
(6) Contributions This Report Cash & Checks \$,,	(7) Expenditures This Report Monetary Expenditures \$,				
Loans \$,,	Transfers to Office Account \$,				
Total Monetary \$,	Total Monetary \$,,				
	(8) Other Distributions \$, 963.23				
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date \$,, 963.23				
(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, corr	rect, and complete:				
(Type name) Jimmy £ Locucch (Type name) Jimmy £, Locucch (Type name) Jimm					
x E Feares	X Signature Couch				

Addition FINANCIAL

Addition Financial Clermont 2390 East Hwy 50 Clermont FL 34711 Inquiries Call: Acct XXXXXXXX38 Eff: 11/07/24 Tlr: 2873	407-896-9411 CAMPAIGN ACCOUNT Date: 11/07/24 2:27pm
Withdraw from BUSI Prev Bal: Amount: New Bal: Seq:	NESS SAVINGS 0000 1,033.67 1,028.87 5.00 #1165108
Acct XXXXXXXX38 Avail Bal S0000	0.00
(See Sequence #116	5110 for reference)
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ID Source: X Drv Lic SigCard Known Other Control	

CAMPAIGN TREASURE	R'S REPORT SUMMARY				
(1) Jim my Earl Peacoch	OFFICE USE ONLY				
Address (number and street) Address (number and street) City, State, Zip Code	10/28/24				
☐ Check here if address has changed (4) Check appropriate box(es):	(3) ID Number: 104764752				
Candidate Office Sought: Montrede Town Council 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 2500				
	10 125 124 Report Type: G 6				
Original Amendment Spe	ecial Election Report				
(6) Contributions This Report	(7) Expenditures This Report				
Cash & Checks \$,,	Monetary Expenditures \$				
Loans \$,,	Transfers to Office Account \$,,				
Total Monetary \$,	Total Monetary \$,,				
In-Kind \$,,	(a) Other Distributions				
	(8) Other Distributions \$,,				
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date \$,, 963.23				
(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, corr	ect, and complete:				
(Type name) Tim My For Peacoch ☐ Individual (only for IE or electioneering comm.) ☐ Treasurer ☐ Deputy Treasurer	(Type name) Jimmy E, Pea coll Candidate				
X Signature Commission	x E Paco A				

(1) Name	CAMPAIGN TREASURER'S RE	PORT – ITEMIZED	EXPENDIT 2) I.D. Number	URES 10+76	4752
(3) Cover Perio	d 10 / 12 / 34 through 10	125,24 (4) Page	of _	
(5) Date	(7) Full Name	(8) Purpose	(9)	(10)	(11)
. (6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
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(1) Name 51m my Earl Reacoch (2) 1.D. Number 104764752							
(3) Cover Period 10 / 12 / 24 through 10 / 25 / 24 (4) Page of							
(5) Dete	(7)		(8)	(9)	(10)	(11)	(12)
Date (6)	Full Name (Last, Suffix, First, Middle)						
Sequence Number	Street Address & City, State, Zip Code	C Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
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DS-DE 13 (Rev. 11/13)

CAMPAIGN TREASUR	CAMPAIGN TREASURER'S REPORT SUMMARY					
(1) Jinmy Earl Beacoch	OFFICE USE ONLY					
Name (2) 16549 Lowy RJ. Address (number and street) City, State, Zip Code	RECEIVED					
☐ Check here if address has changed	(3) ID Number: 10+764752					
(4) Check appropriate box(es): Candidate Office Sought: Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications) (3) ID Number: Check here: 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) Repo	ort Identifiers					
	To 10 / 11 / 24 Report Type: 202945					
Original Amendment S	Special Election Report					
(6) Contributions This Report	(7) Expenditures This Report					
Cash & Checks \$,,	Monetary Expenditures \$,,565 . 80					
Loans \$,,	Transfers to Office Account \$					
Total Monetary \$	Total Monetary \$, , 565 . 80					
Ψ, ,, ,	(8) Other Distributions \$,					
(9) TOTAL Monetary Contributions To Date \$,,	(10) TOTAL Monetary Expenditures To Date \$,, 963 . 23					
(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, co						
(Type name) Times Lear Learcal (Type name) Times Learn L						
X E Leurs	X Signature					

(1) Name Jin my Earl Peacok (2) I.D. Number 104764752						
(3) Cover Perio	d 9 128 124 through 10 /	4,24	1) Page	of _		
(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)	(11) Amount	
10/1/A4	17101 Porter Ave Moutvede H. 34756	Postage	CAN		414.00	
10/11/24	Montverde, F134756	Postage	Can		151.80	
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(1) Name	im my Earl	Pea	coch	(2) I.D. Number	10476	4752
(3) Cover Period 9 / 28 / 29 through 10 / 4 / 29 (4) Page 1 of 1							
(5)	(7) Full Name		(8)	(9)	(10)	(11)	(12)
Date (6)	(Last, Suffix, First, Middle)						
Sequence Number	Street Address & City, State, Zip Code	Co Type	ontributor, Occupation	Contribution Type	In-kind Description	Amendment	Amount
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CAMPAIGN TREASURER'S REPORT SUMMARY					
(1) Jim my Earl Pearoch	OFFICE USE ONLY				
Name 1544 Lowry Rd. Address (number and street) City, State, Zip Code	tread a port of the				
☐ Check here if address has changed	(3) ID Number: 104764752				
(4) Check appropriate box(es): Candidate Office Sought: Check here if PC or ECO has disbanded Check here if PTY has disbanded Check here if PTY has disbanded Check here if no other IE or EC reports will be filed individual making electioneering communications)					
(5) Report	t Identifiers				
Cover Period: From 9 / 13 /34 To ☐ Original ☐ Amendment ☐ Spe	ecial Election Report				
(6) Contributions This Report	(7) Expenditures This Report				
Cash & Checks \$,,	Monetary Expenditures \$,, 3b1 · 43				
Loans \$,	Transfers to Office Account \$,				
In-Kind \$,	Total Monetary \$,,				
	(8) Other Distributions \$,				
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date \$,, 367. 43				
(11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)					
(Type name) Jim My For Pourch	(Type name) I'm my Earl Reacoly				
☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.)	☑ Candidate ☐ Chairperson (only for PC and PTY)				
x Signature	X Collector				
DS-DE 12 (Rev. 11/13)	SEE REVERSE FOR INSTRUCTIONS				

(1) Name <u>5</u>	in my Earl	Pe	sucody	(2	?) I.D. Number	1047	64752
(3) Cover Period	in my Earl 19/13/24	throu	igh <u>9</u> /	27/24	1 (4) Page	1	of
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	C Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
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DS-DE 13 (Rev. 11/13)

(1) Name	CAMPAIGN TREASURER'S RE	PORT – ITEMIZED	EXPENDIT 2) I.D. Numbe	URES	64752
(3) Cover Perio	od 9 / 13 24 through 9		4) Page	of _	
(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)	(11) Amount
9/17/24	Delivery Signs Fuc. 40 W. Crystal Lake St. Onlowdo, Ft. 32806		CAN		367.43
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CAMPAIGN TREASURER'S REPORT SUMMARY					
(1) Jimmy Earl Reacoch	OFFICE USE ONLY				
Address (number and street) Address (number and street) City, State, Zip Code	9/12/24				
Check here if address has changed	(3) ID Number: 104764752				
(4) Check appropriate box(es): Candidate Office Sought: Town Cowci Montverse 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)					
	t Identifiers				
1	9 / 13 / 24 Report Type: 2024 2				
	ecial Election Report				
Cash & Checks \$,	(7) Expenditures This Report Monetary Expenditures \$,				
Loans \$,	Transfers to Office Account \$, , .				
Total Monetary \$,	Total Monetary \$,				
In-Kind \$,,	(8) Other Distributions				
(9) TOTAL Monetary Contributions To Date \$,, OO	(10) TOTAL Monetary Expenditures To Date				
(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, corr	ect, and complete:				
(Type name) T. my For Peacoch ☐ Individual (only for IE Treasurer ☐ Deputy Treasurer or election comm.)	(Type name) Jimmy Earl Council (Candidate				
X Signature Sacras	X Stevens				

(1) Name Sin My Ew Journal (2) I.D. Number 104764752								
(3) Cover Perio		13,24 (4) Page\	of _				
(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			
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(1) Name Jim my for 1 Pooloch (2) I.D. Number 104764752						4752	
(1) Name 5/m my Earl Poeucol (2) I.D. Number 10+764752 (3) Cover Period 8 /31 /24 through 9 /13 /24 (4) Page 1 of							
(5) Date	(7) Full Name	(8)	(9)	(10)	(11)	(12)	
(6)	(Last, Suffix, First, Middle)						
Sequence Number	Street Address & City, State, Zip Code	Contributor Type Occupat	Contribution on Type	In-kind Description	Amendment	Amount	
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CAMPAIGN TREASURER'S REPORT SUMMARY						
(1) Jimmy Earl Peacock	OFFICE USE ONLY					
Name 10 16549 Lowry Rd. Address (number and street) City, State, Zip Code	DECEIVED Smy					
Check here if address has changed	(3) ID Number: 104764752					
(4) Check appropriate box(es): ☐ Candidate Office Sought: TOWN COUNCI MONTVERICE ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications) ☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed						
1	Identifiers					
	Report Type: 2024 G					
	(7) Expenditures This Report					
(6) Contributions This Report Cash & Checks \$,,	Monetary Expenditures \$, , <u>bo</u> . <u>Oo</u>					
Loans \$	Transfers to Office Account \$,					
Total Monetary \$,,	Total Monetary \$, , <u>60</u> . <u>00</u>					
	(8) Other Distributions \$,					
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
(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) Jimmy For Pourcy ☐ Individual (only for IE or electioneering comm.)	(Type name) Timm Fer Teach Candidate Chairperson (only for PC and PTY)					
X Signature Services	X Leous Signature Leous Signature					
DS-DE 12 (Rev. 11/13)	SEE REVERSE FOR INSTRUCTIONS					

(1) Name Jinny E, Heacock (2) I.D. Number 1047647 (3) Cover Period 8 122 124 through 8 130 124 (4) Page 1 of 1					64752		
(3) Cover Period	8 122 124	throu	gh <u>8</u> /	30 /3L	(4) Page	<u>}</u>	of
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES (1) Name								
	d & 122/24 through 8		4) Page	,of_				
(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)	(11) Amount			
8 A2/24	P.O. Box: 560008 Moutvede, Fl. 34756	Condidate registration	CAN		\$ 80.00			
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