| CAMPAIGN TREASURER'S REPORT SUMMARY | | | | | |
|---|---|--|--|--|--|
| (1) JOHN G. BECKFORD Name | OFFICE USE ONLY | | | | |
| (2) 3914 HOSTHOR TERRACE | × | | | | |
| Address (number and street) Avages the FL 33319 | | | | | |
| City, State, Zip Code | | | | | |
| Check here if address has changed | (3) ID Number: | | | | |
| | (b) ID Number: | | | | |
| (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) 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 07 / 0 / 9 To 07 / 3 / 19 Report Type: M7 | | | | | |
| ☐ Original ☐ Amendment ☐ Sp | 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 \$, | | | | | |
| | (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) JOHN BECKFORD (Type name) JOHN G. BECKFORD | | | | | |
| ☐ Individual (only for IE or electioneering comm.) ☐ Treasurer ☐ Deputy Treasurer | Candidate Chairperson (only for PC and PTY) | | | | |
| x JuBeclife | x & Beel & | | | | |
| Signature | Signature | | | | |

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES (1) Name John G. Beckgord. (2) I.D. Number (3) Cover Period 07 / 0(/ 19 through 07 /31 / 19 (4) Page _____ of ____ (7) (8) (9) (10) (11)(5) **Date Purpose Full Name** (add office sought if (Last, Suffix, First, Middle) (6)Expenditure Street Address & contribution to a Sequence Type **Amount** City, State, Zip Code candidate) Amendment Number 1701 Route 70 East Fee Cherry Hill NJ08034 CAN 31.00

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