| CAMPAIGN TREASURER'S REPORT SUMMARY | | | | | |
|---|--|--|--|--|--|
| (1) JOHN GOOLGE BECKFOLD | OFFICE USE ONLY RECEIVED | | | | |
| (2) 3414 HOATHOR TERRACE | JAN 13 2020 | | | | |
| LAUDENILL FL 33319 | | | | | |
| City, State, Zip Code | CITY GLERK'S OFFICE | | | | |
| Check here if address has changed | (3) ID Number: | | | | |
| (4) Check appropriate box(es): | | | | | |
| Candidate Office Sought: LAVORHUL CITY COMMISSION SCATI 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 | | | | | |
| , · · · | Identifiers | | | | |
| Cover Period: From [2 / 01 / 19 To | 12/31/19 Report Type: M12 | | | | |
| Original Amendment Spe | ecial Election Report 2019 | | | | |
| (6) Contributions This Report | (7) Expenditures This Report | | | | |
| Cash & Checks \$, | Monetary Expenditures \$,,(. OO | | | | |
| Loans \$ | Transfers to Office Account \$,, | | | | |
| Total Monetary \$ | Total Monetary \$, | | | | |
| In-Kind \$,, | (8) Other Distributions \$, | | | | |
| (9) TOTAL Monetary Contributions To Date \$,,, 28 | (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) BECCALD ☐ Individual (only for IE Treasurer ☐ Deputy Treasurer | (Type name) TO the 60065 BECKFORD Candidate Chairperson (only for PC and PTY) | | | | |
| x Signature | X Decl & | | | | |

| CAMPAIGN TREASURER'S REPORT - I | TEMIZED EXPENDITURES |
|--|----------------------|
| (1) Name JOHN BECKFORD | (2) I.D. Number |
| (3) Cover Period (2,01,19 through (2,31,19 |) (4) Page 1 of / |

| (5) | (7) | (9) | (10) | (11) | |
|---------------------------|---|---|---------------------|-----------|--------|
| (6) Sequence Number | Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | Purpose (add office sought if contribution to a candidate) | Expenditure Type | Amendment | |
| 12/05/19 | TD BANK 1701 ROUTE 70 EAST CHORRY HILL NJ 08034 | STATIONOVT PEB | CAN | _ | \$1.00 |
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