

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) DIANE JACQUES
Name

(2) 523 SOUTH J STREET
Address (number and street)
LAKE WORTH, FL 33460
City, State, Zip Code

OFFICE USE ONLY

RECEIVED

MAR 04 2016

BY: _____

(3) ID Number: _____

Check here if address has changed

(4) Check appropriate box(es):

Candidate Office Sought: Mayor

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 01 / 01 / 2016 To 02 / 12 / 2016 Report Type: G1

Original Amendment Special Election Report

(6) **Contributions This Report**

Cash & Checks \$ 55.00 , _____ , _____ . _____

Loans \$.00 , _____ , _____ . _____

Total Monetary \$ 55.00 , _____ , _____ . _____

In-Kind \$ 250.00 , _____ , _____ . _____

(7) **Expenditures This Report**

Monetary Expenditures \$ 15.75 , _____ , _____ . _____

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ 15.75 , _____ , _____ . _____

(8) **Other Distributions**

\$ _____ , _____ , _____ . _____

(9) **TOTAL Monetary Contributions To Date**

\$ 555.00 , _____ , _____ . _____

(10) **TOTAL Monetary Expenditures To Date**

\$ 220.18 , _____ , _____ . _____

(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) LEONA B. JACQUES

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

X *Leona B. Jacques*
Signature

(Type name) DIANE JACQUES

Candidate Chairperson (only for PC and PTY)

X *Diane Jacques*
Signature

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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name DIANE JACQUES

(2) I.D. Number _____ BY: _____

(3) Cover Period 01 / 01 / 2016 through 02 / 12 / 2016

(4) Page _____ of _____

(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
02 / 05 / 2016	Wix.Com 235 West 23rd Street New York, NY 10011	Website	Mon	Del	\$15.95
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