

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS  
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Gail A. Jones  
Name

(2) P. O. Box 1012  
Address (number and street)

Mooer Haven, Fl 33471

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: \_\_\_\_\_

OFFICE ONLY  
Rec'd 7-23-08  
Nelly Whiddon SOE

(4) Check appropriate box(es):

Candidate (office sought): Glades County Tax Collector

Political Committee

CHECK IF PC HAS DISBANDED

Committee of Continuous Existence

CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 04 / 01 / 08 To 07 / 18 / 08 Report Type F1/TR

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ -0-

Loans \$ 200.00

Total Monetary \$ 200.00

In-Kind \$ 5.25

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 200.00

Transfers to Office Account \$ -0-

Total Monetary \$ 200.00

**(8) Other Distributions**

\$ -0-

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

\$ 200.00

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

\$ 200.00

**(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) Gail A. Jones

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

**X** Gail A. Jones  
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Gail A. Jones

Candidate  Chairperson (only for PC, PTY & electioneering commun. organization)

**X** Gail A. Jones  
Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Gail A. Jones (2) I.D. Number \_\_\_\_\_

(3) Cover Period 04 / -01 / 08 through 07 / 18 / 08 (4) Page 1 of 1

| (5)<br>Date               | (7)<br>Full Name<br>(Last, Suffix, First, Middle)           | (8)<br>Contributor |                  | (9)<br>Contribution | (10)<br>In-kind   | (11)<br>Amendment | (12)<br>Amount |
|---------------------------|---|--------------------|------------------|---------------------|---|-------------------|----------------|
| (6)<br>Sequence<br>Number | Street Address &<br>City, State, Zip Code                   | Type               | Occupation       | Type                | Description   |                   |                |
| 04 / 01 / 08              | Gail A. Jones<br>P. O. Box 1012<br>Moore Haven, Fl<br>33471 | I                  | Tax<br>Collector | LOA                 | -   | -                 | \$200.00       |
| #1                        |   |                    |                  |                     |   |                   |                |
| 04 / 07 / 08              | Ralph C. Smith<br>P. O. Box 423<br>Moore Haven, Fl<br>33471 | I                  | Retired          | INK                 | Copied<br>petitions<br>on 35 sheets<br>of paper<br>35 @ .15¢=<br>\$5.25 | -                 | \$5.25         |
| #2                        |   |                    |                  |                     |   |                   |                |
| / /                       |   |                    |                  |                     |   |                   |                |
| / /                       |   |                    |                  |                     |   |                   |                |
| / /                       |   |                    |                  |                     |   |                   |                |
| / /                       |   |                    |                  |                     |   |                   |                |
| / /                       |   |                    |                  |                     |   |                   |                |
| / /                       |   |                    |                  |                     |   |                   |                |
| / /                       |   |                    |                  |                     |   |                   |                |

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Gail A. Jones

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 04 / 01 / 08 through 07 / 18 / 08

(4) Page 1 of 1

| (5)<br>Date  | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Purpose<br>(add office sought if<br>contribution to a<br>candidate) | (9)<br>Expenditure<br>Type | (10)<br>Amendment | (11)<br>Amount |
|--------------|--|--|----------------------------|-------------------|----------------|
| 05 / 06 / 08 | Supervisor of Elections<br>P. O. Box 668<br>Moore Haven, FL 33471                              | Verification of<br>62 petitions<br>@ .10¢ = \$6.20                         | -                          | -                 | \$6.20         |
| #1           |  |  |                            |                   |                |
| 07 / 11 / 08 | Gail A. Jones<br>P. O. Box 1012<br>Moore Haven, FL 33471                                       | Refund of<br>Personal Loan   | REF                        | -                 | \$193.80       |
| #2           |  |  |                            |                   |                |
| / /          |  |  |                            |                   |                |
| / /          |  |  |                            |                   |                |
| / /          |  |  |                            |                   |                |
| / /          |  |  |                            |                   |                |
| / /          |  |  |                            |                   |                |
| / /          |  |  |                            |                   |                |