06/16/2019 20 : 40

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FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

1 011111 0	For An A	Authorized Com	nmittee	Off	ice Use Only
NAME OF COMMITTEE (in	TYPE OR PRIN	•	cample: If typing, type ver the lines.	12FE4M5	
Jacob Turk for	Congress 2014				
ADDRESS (number ar	417 SE Annett	te Street			
▼			1 1 1 1 1 1		
Check if dif than previous reported. (A	usly Lees Summit			MO 640	063
2. FEC IDENTIFIC	CATION NUMBER ▼	CITY ▲		STATE ▲	ZIP CODE ▲
C C0056366		3. IS THIS REPORT	NEW (N) OR	AMENDED (A)	STATE ▼ DISTRICT
(a) Quarterly R	PORT (Choose One) eports: 5 Quarterly Report (Q1) 6 Quarterly Report (Q2)	(b) 12-Day PRE	E-Election Report for t Primary (12P) Convention (12C)	he: General (12G) Special (12S)	Runoff (12R)
Octobe	er 15 Quarterly Report (Q3)	Election on	M M / D D	/ Y Y Y Y	in the State of
January	y 31 Year-End Report (YE)	(c) 30-Day POS	ST-Election Report for	the:	
			General (30G)	Runoff (30R)	Special (30S)
Termina	ation Report (TER)	Election on	M " M / D " E	7 Y Y Y Y Y	in the State of
5. Covering Period	01 / 01	7 Y Y Y Y Y 2018	through	03 / D D / Y	Y Y Y 2018
I certify that I have e	examined this Report and to Turk, Donna, of Treasurer		nowledge and belief it	is true, correct and co	omplete.
Signature of Treasure	Turk, Donna, , ,		[Electronically Filed]	Date 06	16 / 2019
NOTE: Submission of	false, erroneous, or incomple	ete information may	subject the person sign	ning this Report to the p	enalties of 52 U.S.C. §30109
Office Use Only					FEC FORM 3 (Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

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FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Jacob Turk for Congress 2014

2018 2018 03 01 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 0.00 16200.00 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 25.00 (from Line 20(d)) (c) Net Contributions (other than loans) 0.00 16175.00 (subtract Line 6(b) from Line 6(a)) 7. Net Operating Expenditures (a) Total Operating Expenditures 635.42 11278.28 (from Line 17) (b) Total Offsets to Operating 205.87 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 635.42 11072.41 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of -362.75Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 926.97 Schedule C and/or Schedule D).....

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 05/2016)
Write or Type Committee Name

PAGE 3 / 13

	• •		
Jacob	Turk for	Congress	2014

Report Covering the Period: From: MMM / DDD / YYYYY

To: MMM / DDD / YYYYY

2018

	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11.	CONTRIBUTIONS (other than loans) FROM:		
	(a) Individuals/Persons Other Than		
	Political Committees (i) Itemized (use Schedule A)	0.00	15845.00
	(ii) Unitemized	0.00	355.00
	(iii) TOTAL of contributions from individuals	0.00	16200.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) The Candidate (e) TOTAL CONTRIBUTIONS	0.00	0.00
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	16200.00
2.	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
3.	LOANS:		
	(a) Made or Guaranteed by the Candidate	270.00	926.97
	(b) All Other Loans	0.00	0.00
	(c) TOTAL LOANS (add Lines 13(a) and (b))	270.00	926.97
1.	OFFSETS TO OPERATING		
	EXPENDITURES (Refunds, Rebates, etc.)	0.00	205.87
5.	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
6.	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	270.00	17332.84

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 13

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPENDITURES	635.42	11278.28
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19	LOAN REPAYMENTS:		
	(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
	(b) Of All Other Loans	0.00	0.00
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20.	REFUNDS OF CONTRIBUTIONS TO:		
	(a) Individuals/Persons Other Than Political Committees	0.00	25.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	25.00
21.	OTHER DISBURSEMENTS	0.00	0.00
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	635.42	11303.28
	III. CASH SU	JMMARY	
23.	CASH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	2.67
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	270.00
25.	SUBTOTAL (add Line 23 and Line 24)		272.67
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	635.42
27.	CASH ON HAND AT CLOSE OF REPORTING	G PERIOD	- 362.75

: 97 A = G7 9 @ 5 B9 CI G'H9 LHF9 @ 5 H98 'HC' 5 F9 DCFHz G7 < 98 I @ 'CF' ± H9 A ± N5 H± CB

Form/Schedule: F3A Transaction ID:

In response to the RFAI dated May 12, 2019 we are filing this amended report so the befginning and ending balnaces of each report match. The discrepancy was causded by our audting of the campaign finances in anticipation of clsoing this committee. As we have gone through the reports of this election year we have been preparing amended reports using FECfile. We did not realize the unfiled amended reports would impact the balances of the reports we were filing for the post general and beyond reports. We are now in the process of filing the amended reports for 2018 to fix the discrepancy. We apologize for any confusion this may have caused. The reason for the the 1Q amended filing is some small expenses were missed in data entry for the original report.

Form/Schedule: Transaction ID:

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

	FOF	LINE	NU	MBER:		PAGE	(6 OF	13
Use separate schedule(s)	(che	ck only	or or	ne)					
for each category of the Detailed Summary Page		11a		11b		11c		11d	
		12	X	13a		13b		14	15
y not be sold or used by any p	erson	for the	pu	ırpose	of s	solicitin	g c	ontribu	tions
dress of any political committe	e to s	olicit co	ontr	ibution	s fr	om su	ch (commit	tee.

	y information copied from such Reports and Sta for commercial purposes, other than using the r			
\rangle	NAME OF COMMITTEE (In Full) Jacob Turk for Congress 2014			
۹.	Full Name (Last, First, Middle Initial) Turk, Jacob, , , Mailing Address 417 SE Annette Street			Date of Receipt M M / D D / Y Y Y Y Y 03 31 2018
	City Lees Summit	State MO	Zip Code 64063	Transaction ID : SA13A.5099
	FEC ID number of contributing federal political committee.	С немо	05189	Amount of Each Receipt this Period
	Self	Occupation Educational Co	onsultant	270.00 Memo Item
	Receipt For: 2018 ✓ Primary General Other (specify) ▼	Election Cycle	926.97	Loan to campaign from Jacob Turk
_	Full Name (Last, First, Middle Initial)			Date of Receipt
3.	Mailing Address			M = M / D = D / Y = Y = Y
	City	State	Zip Code	
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer	Occupation		
	Receipt For: Primary General Other (specify) ▼	Election Cycle	e-to-Date 🔻	Memo Item
	Full Name (Last, First, Middle Initial)			Date of Receipt
) .	Mailing Address			M = M / D = D / Y = Y = Y
	City	State	Zip Code	
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer	Occupation		
	Receipt For: Primary General Other (specify)	Election Cycle	e-to-Date	Memo Item
s	UBTOTAL of Receipts This Page (optional)		>	270.00
Т	OTAL This Period (last page this line number on	ly)	>	270.00

Senate

District:

State:

MO

President

05

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

Primary

Other (specify)

General

PAGE 7 13 FOR LINE NUMBER: SCHEDULE B (FEC Form 3) Use separate schedule(s) (check only one) for each category of the ITEMIZED DISBURSEMENTS **x** 17 18 19a 19b Detailed Summary Page 20a 20b 20c 21 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Jacob Turk for Congress 2014 Full Name (Last, First, Middle Initial) Date of Disbursement Facebook 03 26 2018 Mailing Address 1 Hacker Way City State Zip Code FEC Identification Number CA Menlo Park 94025 Purpose of Disbursement Online Advertising C00563668 004 Candidate Name Amount of Each Disbursement this Period Category/ Jacob Turk for Congress 2014 Type Office Sought: House Disbursement For: 2018 25.00 Senate Primary General Transaction ID: SB17.6630 Other (specify) President Memo Item MO State: District: Full Name (Last, First, Middle Initial) Square Space Date of Disbursement Mailing Address 459 Broadway 2018 24 City State Zip Code **FEC Identification Number** NY 10013 New York Purpose of Disbursement Website hosting C00563668 001 Candidate Name Amount of Each Disbursement this Period Category/ Jacob Turk for Congress 2014 Type Office Sought: 16.00 Disbursement For: House 2018 Senate Primary General Transaction ID: SB17.5092 Other (specify) President Memo Item State: MO District: Full Name (Last, First, Middle Initial) Date of Disbursement c. Square Space Mailing Address 459 Broadway 24 2018 City Zip Code State **FEC Identification Number** New York NY 10013 Purpose of Disbursement C00563668 Website hosting 001 Candidate Name Amount of Each Disbursement this Period Category/ Jacob Turk for Congress 2014 Type Office Sought: Disbursement For: 2018 16.00 House

57.00

Transaction ID: SB17.5093

Memo Item

SCHEDULE B (FEC Form 3)

PAGE 8 13 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **x** 17 18 19a Detailed Summary Page 20a 20b 20c 21

ITEMIZED DISBURSEMENTS 19b Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Jacob Turk for Congress 2014 Full Name (Last, First, Middle Initial) Date of Disbursement A. Square Space 2018 03 Mailing Address 459 Broadway City State Zip Code **FEC Identification Number** NY New York 10013 Purpose of Disbursement Website hosting C00563668 001 Candidate Name Amount of Each Disbursement this Period Category/ Jacob Turk for Congress 2014 Type Office Sought: Disbursement For: 2018 House 16.00 Senate Primary General Transaction ID: SB17.5094 Other (specify) President Memo Item MO State: District: Full Name (Last, First, Middle Initial) Date of Disbursement В. Mailing Address City State Zip Code **FEC Identification Number** Purpose of Disbursement Candidate Name Amount of Each Disbursement this Period Category/ Type Disbursement For: Office Sought: House Senate Primary General Other (specify) President Memo Item State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Mailing Address City State Zip Code **FEC Identification Number** Purpose of Disbursement Candidate Name Amount of Each Disbursement this Period Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) Memo Item State: District: SUBTOTAL of Disbursements This Page (optional)..... 16.00 TOTAL This Period (last page this line number only)..... 73.00

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 9
FOR LINE NUMBER: (check only one)

13a

OF

		100
NAME OF COMMITTEE (In Full) Jacob Turk for Congress 2014		Transaction ID : SC/10.5048
LOAN SOURCE Full Name (Last, First, M	iddle Initial)	
Turk, Jacob, , ,	iddie iriitiai)	☐ Memo Item
Mailing Address 417 SE Annette Street		General Other (specify) ▼
City	State	ZIP Code Personal Funds of the Candidate
Lees Summit	MO	64063
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
200.00	9	0.00 200.00
TERMS Date Incurred		Date Due Interest Rate Secured: (If none, enter 0)
M03M / D31D / Y Ž017 Y	M M / D D	/ ¥8/Ť/20Ť8 ¥ 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	-	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	·	Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	•	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional		
CODICIALS THIS FERIOU THIS FAGE (OPHOHAI)		200.00
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Carry outstanding balance only to LINE 3, Se	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 10

13a

OF

									130
AME OF COMMITTEE (In Full) Jacob Turk for Congress 20	14				Trans	action II) : SC/10.506	 67	
LOAN SOURCE Full Name (Last, Turk, Jacob, , ,	First, Mic	ddle Initial)			Memo Iter	X	tion: 2018 Primary General		
Mailing Address 417 SE Annette Street							Other (specif	ý) ▼	
City		State	ZIP Cod	de		×	Personal Fu	ınds of the	e Candidate
Lees Summit		МО	64063						
Original Amount of Loan	.00	Cumulative Pay	yment To	Date 0.00		alance O	utstanding a		This Period
TERMS Date Incurred		D	ate Due		Interest Ra	ate		Secur	red:
^M 06 ^M / ^D 30 ^D / ^Y Ž017̇́	Υ	M M / D D	/ Y 8	/7/2018 ^Y		0.00	% (apr)	Y	res 🗶 No
List All Endorsers or Guarantors	(if any) t	o Loan Source							
1. Full Name (Last, First, Middle I	nitial)			Name of Em	nployer				
Mailing Address				Occupation					
				Amount					
City	State	ZIP Code		Guaranteed Outstanding:	: L.	,	7	1 - 4	
2. Full Name (Last, First, Middle In	itial)			Name of Em	nployer				
Mailing Address				Occupation					
City	State	ZIP Code		Amount Guaranteed Outstanding:		,	,		
3. Full Name (Last, First, Middle In	itial)			Name of Em	nployer				
Mailing Address				Occupation					
City	State	ZIP Code		Amount Guaranteed Outstanding:		-,	7		
4. Full Name (Last, First, Middle In	itial)			Name of Em	nployer				
Mailing Address				Occupation					
				Amount					_
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Carry outstanding balance only to LII	NE 3. Sch	nedule D. for this	s line. If i	no Schedule	D, carry fo	rward to	o appropriat	e line of	Summarv.
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Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 11
FOR LINE NUMBER: (check only one)

13a 13b

List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: Occupation Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: Occupation Amount Guaranteed Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding: Name of Employer Occupation Amount Guaranteed Outstanding: Substotals This Period This Page (optional) Name of Employer				Detailed S	Summary Pa	age		13b
LOAN SOURCE Full Name (Last, First, Middle Initial) Turk, Jacob, , , Mailing Address 417 SE Annete Street City Lees Summit Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Peric (in rone, enter o) (· · ·				Transa	action ID : SC/10.5080		
Turk, Jacob, , , Mailing Address Arnoste Street	Jacob Turk for Congress 2014							
Mailing Address A17 SE Annette Street City Less Summit Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Peric 180.00 TERMS Date Incurred 180.00 Date Due Interest Rate (if nons, enter 0) 180.00 TERMS Date Incurred 180.00 TERMS Date Incurred 180.00 TERMS Date Incurred Date Due Interest Rate (if nons, enter 0) 180.00 Yes IN List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Mailing Address Cocupation Amount Guaranteed Outstanding: City State ZIP Code Custanding City State ZIP Code Custanding City State ZIP Code Custanding Cocupation Amount Guaranteed Outstanding: City State ZIP Code Custanding: Amount Guaranteed Outstanding: City State ZIP Code Custanding: Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: City State ZIP Code Custanding: Amount Guaranteed Outstanding: City State ZIP Code Custanding: City State ZIP Code Custanding: Amount Guaranteed Outstanding: Cocupation Amount Guaranteed Outstanding: Amount City State ZIP Code Custanding: Cocupation Amount Custanding: Amount Custanding: Cocupation Amount Custanding: Amount Custanding: Cocupation Cocupation Custanding: Cocupation Cocupation Custanding: Cocup		ddle Initial)			Memo Item	'		
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Lees Summit MO 64063 Personal Funds of the Candidat Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Peric 180.00 180.00 TERMS Date Incurred Date Due Interest Rate (If none, enter 0) **Mo9a** / **2017 * * * * * * * * * * * * * * * * * * *	Mailing Address 417 SE Annette Street					Other (specify) ▼		
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TERMS Date Incurred Date Due Interest Rate (If none, enter 0) MogN	Lees Summit	MO	64063			Personal Funds of t	ne Cano	
TERMS Date Incurred Date Due Interest Rate (If none, enter 0) Secured: (If none, enter 0) Secured: (If none, enter 0) V 8/7/2018 V Date Due Interest Rate (If none, enter 0) Secured: (If none, enter 0) V 8/7/2018 V Name of Employer List All Endorsers or Guarantors (If any) to Loan Source 1. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Occupation Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Occupation Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Occupation Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Occupation Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: Occupation Amount Guaranteed Outstanding:	Original Amount of Loan	Cumulative Pag	yment To D	ate	Bal	lance Outstanding at Close	of This I	Period
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Mailing Address City State ZIP Code Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount City State ZIP Code Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount City State ZIP Code Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Gity State ZIP Code Guaranteed Outstanding: 180,00 FOTALS This Period (last page in this line only)	List All Endorsers or Guarantors (if any)	to Loan Source						
City State ZIP Code Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address Occupation Amount Guaranteed Outstanding: City State ZIP Code Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed Outstanding: City State ZIP Code Guaranteed Outstanding: Substotals This Period This Page (optional) TOTALS This Period (last page in this line only)	1. Full Name (Last, First, Middle Initial)		1	Name of Emp	ployer			
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Mailing Address City State ZIP Code Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Mailing Address City State ZIP Code Guaranteed Outstanding: Amount Guaranteed Outstanding: Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Mame of Employer Amount Guaranteed Outstanding: City State ZIP Code Guaranteed Outstanding: City State ZIP Code Guaranteed Outstanding: SUBTOTALS This Period This Page (optional) POTALS This Period (last page in this line only)	City State	ZIP Code				y		
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Carry outstanding balance only to LINE 3. Schedule D. for this line. If no Schedule D. carry forward to appropriate line of Summary	TOTALS This Period (last page in this line onl	y)			▶	7 7		
	Carry outstanding balance only to LINE 3. Sc	hedule D. for this	s line. If no	Schedule I	D, carry for	rward to appropriate line o	f Summ	narv.

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 12

13a

			Detailed Garrinary	1 age		-	13b
NAME OF COMMITTEE (In Full)			Tra	nsaction ID :	SC/10.5089		
Jacob Turk for Congress 2014							
LOAN SOURCE Full Name (Last, First, M	iddle Initial)		☐ Memo	Item Election	on: 2018		
Turk, Jacob, , ,				≭ Pr	rimary		
					eneral		
Mailing Address 417 SE Annette Street				O	ther (specify) ▼		
City	State	ZIP Code)				
Lees Summit	МО	64063		X F	Personal Funds of the	Cand	idate
Original Amount of Loan	Cumulative Pa	yment To D	ate	Balance Out	tstanding at Close of	This F	eriod
56.97			0.00		Ę	6.97	П
7 7	9	9				-	
TERMS Date Incurred		Date Due	Interest (If none,		Secure	ed:	
M12M / D30D / Y Ž01Ť Y	M M / D D) / Y 8/7	7/2018 ^Y	0.00	% (apr)	s x	No
List All Endorsers or Guarantors (if any)	to Loan Source						
1. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address			Occupation				
			Amount Guaranteed				
City	ZIP Code		Outstanding:	7		_	
2. Full Name (Last, First, Middle Initial)	1		Name of Employer				
Mailing Address		-	Occupation				
		<u> </u>	Amount				
City State	ZIP Code		Guaranteed				
			Outstanding:	7	, , , , ,		
3. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address		(Occupation				
			Amount			_	
City State	ZIP Code		Guaranteed				
			Outstanding:	7	· · · · · · · · · · · · · · · · · · ·		
4. Full Name (Last, First, Middle Initial)			Name of Employer				
Mailing Address		-	Occupation				
			Amount			_	
City	ZIP Code	I	Guaranteed				
			Outstanding:	7	, , , , , , , , , , , , , , , , , , , ,		
SUBTOTALS This Period This Page (optional)			······		5	6.97	
TOTALS This Period (last page in this line on	ly)		······•		7		Ħ
					7		_
Carry outstanding balance only to LINE 3, So	hedule D, for this	s line. If no	Schedule D, carry	forward to	appropriate line of S	umm	ary.

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 13
FOR LINE NUMBER: (check only one)

13a

				Detailed of	arrificacy i ago		13b
AME OF COMMITTEE (In Full) Jacob Turk for Congress 2	014				Transacti	ion ID : SC/10.5099	
LOAN SOURCE Full Name (Las Turk, Jacob, , , Mailing Address 417 SE Annette Street	t, First, Mi	ddle Initial)			Memo Item	Election: 2018 ✓ Primary General Other (specify) ▼	
City Lees Summit		State MO	ZIP Cod 64063	le		X Personal Funds of the	Candidate
Original Amount of Loan	70.00	Cumulative Pa	yment To I	0.00	Balan	nce Outstanding at Close of	This Period
TERMS Date Incurred M03M / D31D / Y 201	ğ v	M M / D D	Date Due		nterest Rate If none, enter (v
List All Endorsers or Guaranton		to Loan Source					
1. Full Name (Last, First, Middle	nitial)			Name of Emp	loyer		
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:		7 7 7 7	
2. Full Name (Last, First, Middle	Initial)			Name of Emp	loyer		
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:		9 9	
3. Full Name (Last, First, Middle	Initial)			Name of Emp	loyer		
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:		7 7 7	
4. Full Name (Last, First, Middle	Initial)			Name of Emp	loyer		
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:		9 9 9 9	
SUBTOTALS This Period This Page	(optional)				· [27	70.00
FOTALS This Period (last page in the	nis line onl	y)				92	26.97
Carry outstanding balance only to	LINE 3, Sci	hedule D, for this	s line. If n	o Schedule D	, carry forwa	ard to appropriate line of S	Summarv.