

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

FRIENDS TO ELECT LATERESA A JONES

ADDRESS (number and street) PO BOX 3475

Check if different than previously reported. (ACC)

PALM BEACH

FL

33480

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00552711

3. IS THIS REPORT NEW (N) OR AMENDED (A)

x

STATE ▼ DISTRICT

FL

10

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)

(b) 12-Day PRE-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y
01 / 01 / 2022

through

M M / D D / Y Y Y Y
03 / 31 / 2022

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Kiger, Robert, , ,

Signature of Treasurer

Kiger, Robert, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y
07 / 03 / 2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office
Use
Only

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
FRIENDS TO ELECT LATERESA A JONES

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	710.00	4405.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	710.00	4405.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	2687.77	7992.43
(b) Total Offsets to Operating Expenditures (from Line 14).....	36.00	36.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	2651.77	7956.43
8. Cash on Hand at Close of Reporting Period (from Line 27).....	114.50	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	849.18	

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

FRIENDS TO ELECT LATERESA A JONES

Report Covering the Period: From: / / To: / /

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).....	500.00	1750.00
(ii) Unitemized.....	210.00	2655.00
(iii) TOTAL of contributions from individuals ▶	710.00	4405.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	710.00	4405.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	653.58	1208.58
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	653.58	1208.58
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	36.00	36.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	1399.58	5649.58

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	2687.77	7992.43
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	359.40
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	359.40
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(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	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	2687.77	8351.83

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1402.69
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1399.58
25. SUBTOTAL (add Line 23 and Line 24).....	2802.27
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	2687.77
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	114.50

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 5 OF 17		
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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)
FRIENDS TO ELECT LATERESA A JONES

A. Full Name (Last, First, Middle Initial)
Rogers, Norman, , ,

Mailing Address 3750 SW Vegas

City Las Vegas	State NV	Zip Code 89158
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FEC ID number of contributing federal political committee.

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.4416

Amount of Each Receipt this Period

Memo Item

B. Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	<input type="text" value="500.00"/>
TOTAL This Period (last page this line number only)..... ▶	<input type="text" value="500.00"/>

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 6 OF 17
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS TO ELECT LATERESA A JONES

A. Full Name (Last, First, Middle Initial)
Jones, Lateresa, A, ,
Mailing Address PO BOX 3475

City PALM BEACH State FL Zip Code 33480

FEC ID number of contributing federal political committee. **C** H0FL20112

Name of Employer Self Occupation Candidate

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
501.23

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 26 / 2022

Transaction ID : SA13A.4452

Amount of Each Receipt this Period
96.23

Memo Item
Loan From Lateresa Jones

B. Full Name (Last, First, Middle Initial)
Jones, Lateresa, A, ,
Mailing Address PO BOX 3475

City PALM BEACH State FL Zip Code 33480

FEC ID number of contributing federal political committee. **C** H0FL20112

Name of Employer Self Occupation Candidate

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
711.39

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 26 / 2022

Transaction ID : SA13A.4512

Amount of Each Receipt this Period
210.16

Memo Item
Loan From Lateresa Jones

C. Full Name (Last, First, Middle Initial)
Jones, Lateresa, A, ,
Mailing Address PO BOX 3475

City PALM BEACH State FL Zip Code 33480

FEC ID number of contributing federal political committee. **C** H0FL20112

Name of Employer Self Occupation Candidate

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
911.39

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 07 / 2022

Transaction ID : SA13A.4496

Amount of Each Receipt this Period
200.00

Memo Item
Loan From Lateresa Jones

SUBTOTAL of Receipts This Page (optional)..... ▶ 506.39

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

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 7 OF 17
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS TO ELECT LATERESA A JONES

A. Full Name (Last, First, Middle Initial)
Jones, Lateresa, A, ,
Mailing Address PO BOX 3475

City PALM BEACH State FL Zip Code 33480

FEC ID number of contributing federal political committee. **C** H0FL20112

Name of Employer Self Occupation Candidate

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
965.25

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 16 / 2022

Transaction ID : SA13A.4508

Amount of Each Receipt this Period
53.86

Memo Item
Loan From Lateresa Jones

B. Full Name (Last, First, Middle Initial)
Jones, Lateresa, A, ,
Mailing Address PO BOX 3475

City PALM BEACH State FL Zip Code 33480

FEC ID number of contributing federal political committee. **C** H0FL20112

Name of Employer Self Occupation Candidate

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1033.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 18 / 2022

Transaction ID : SA13A.4509

Amount of Each Receipt this Period
67.75

Memo Item
Loan form Lateresa Jones

C. Full Name (Last, First, Middle Initial)
Jones, Lateresa, A, ,
Mailing Address PO BOX 3475

City PALM BEACH State FL Zip Code 33480

FEC ID number of contributing federal political committee. **C** H0FL20112

Name of Employer Self Occupation Candidate

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1058.58

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2022

Transaction ID : SA13A.4510

Amount of Each Receipt this Period
25.58

Memo Item
Loan From Lateresa Jones

SUBTOTAL of Receipts This Page (optional).....▶	147.19
TOTAL This Period (last page this line number only).....▶	653.58

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 17	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS TO ELECT LATERESA A JONES

Full Name (Last, First, Middle Initial) A. Broward County Film		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2022
Mailing Address 2008 Hollywood Blvd		FEC Identification Number C C00552711
City Hollywood	State FL	Zip Code 33020
Purpose of Disbursement Campaign Event/Space Rent	Category/ Type 007	Amount of Each Disbursement this Period 240.00
Candidate Name FRIENDS TO ELECT LATERESA A JONES	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: FL District: 10	Transaction ID : SB17.4454 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Central Florida Chamber of Commerce		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2022
Mailing Address 1425 E. Vine St		FEC Identification Number C C00552711
City Kissimmee	State FL	Zip Code 34744
Purpose of Disbursement Meeting Fee	Category/ Type 007	Amount of Each Disbursement this Period 205.00
Candidate Name FRIENDS TO ELECT LATERESA A JONES	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: FL District: 10	Transaction ID : SB17.4458 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Circle K		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2022
Mailing Address 1130 W Warner Rd		FEC Identification Number C C00552711
City Tempe	State AZ	Zip Code 85284
Purpose of Disbursement Fuel	Category/ Type 002	Amount of Each Disbursement this Period 60.14
Candidate Name FRIENDS TO ELECT LATERESA A JONES	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: FL District: 10	Transaction ID : SB17.4449 <input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	505.14
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 17			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
FRIENDS TO ELECT LATERESA A JONES

Full Name (Last, First, Middle Initial) A. Circle K			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2022		
Mailing Address 1130 W Warner Rd			FEC Identification Number C C00552711		
City Tempe	State AZ	Zip Code 85284	Amount of Each Disbursement this Period 56.92		
Purpose of Disbursement Fuel		Category/ Type 002	Transaction ID : SB17.4433		
Candidate Name FRIENDS TO ELECT LATERESA A JONES		Memo Item <input type="checkbox"/>			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: FL District: 10					

Full Name (Last, First, Middle Initial) B. Econo Lodge International			Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2022		
Mailing Address 7102 International Drive			FEC Identification Number C C00552711		
City Orlando	State FL	Zip Code 32819	Amount of Each Disbursement this Period 210.16		
Purpose of Disbursement Campaign Event/Meeting		Category/ Type 007	Transaction ID : SB17.4502		
Candidate Name FRIENDS TO ELECT LATERESA A JONES		Memo Item <input type="checkbox"/>			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: FL District: 10					

Full Name (Last, First, Middle Initial) C. FEC Infusion			Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2022		
Mailing Address PO Box 3475			FEC Identification Number C C00552711		
City Palm Beach	State FL	Zip Code 33480	Amount of Each Disbursement this Period 250.00		
Purpose of Disbursement Accounting & Compliance		Category/ Type 001	Transaction ID : SB17.4463		
Candidate Name FRIENDS TO ELECT LATERESA A JONES		Memo Item <input type="checkbox"/>			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: FL District: 10					

SUBTOTAL of Disbursements This Page (optional).....▶	517.08
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 17		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS TO ELECT LATERESA A JONES

Full Name (Last, First, Middle Initial) A. Kiger, Robert, , ,		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2022
Mailing Address 235 Flagler Lane		FEC Identification Number C C00552711
City West Palm Beach	State FL	Zip Code 33407
Purpose of Disbursement Treasurer Fee	001	
Candidate Name FRIENDS TO ELECT LATERESA A JONES		Amount of Each Disbursement this Period 587.50
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4410
State: FL District: 10	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement	Category/ Type	
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:	District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement	Category/ Type	
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	587.50
TOTAL This Period (last page this line number only).....▶	1609.72

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **FRIENDS TO ELECT LATERESA A JONES** Transaction ID : **SC/10.4163**

LOAN SOURCE Full Name (Last, First, Middle Initial) Jones, Lateresa, A, ,		<input type="checkbox"/> Memo Item	Election: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 3475			
City PALM BEACH	State FL	ZIP Code 33480	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 215.00	Cumulative Payment To Date 19.40	Balance Outstanding at Close of This Period 195.60
-----------------------------------	-------------------------------------	---

TERMS	Date Incurred M 11 / D 04 / Y 2021	Date Due M M / D D / Y 12/31/2022	Interest Rate (If none, enter 0) 5.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--------------	---------------------------------------	--------------------------------------	--	---

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	195.60
TOTALS This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **FRIENDS TO ELECT LATERESA A JONES** Transaction ID : **SC/10.4452**

LOAN SOURCE Full Name (Last, First, Middle Initial) Jones, Lateresa, A, ,		<input type="checkbox"/> Memo Item	Election: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 3475			
City PALM BEACH	State FL	ZIP Code 33480	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 96.23	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 96.23
----------------------------------	------------------------------------	--

TERMS	Date Incurred M 01 / D 26 / Y 2022	Date Due M M / D D / Y 12/31/2022	Interest Rate (If none, enter 0) 5.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--------------	---------------------------------------	--------------------------------------	--	---

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	96.23
TOTALS This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **FRIENDS TO ELECT LATERESA A JONES** Transaction ID : **SC/10.4512**

LOAN SOURCE Full Name (Last, First, Middle Initial) Jones, Lateresa, A, ,		<input type="checkbox"/> Memo Item	Election: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 3475			
City PALM BEACH	State FL	ZIP Code 33480	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 210.16	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 210.16
-----------------------------------	------------------------------------	---

TERMS	Date Incurred M 02 / D 26 / Y 2022	Date Due M M / D D / Y 12/31/2022	Interest Rate (If none, enter 0) 5.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--------------	---------------------------------------	--------------------------------------	--	---

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	210.16
TOTALS This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **FRIENDS TO ELECT LATERESA A JONES** Transaction ID : **SC/10.4496**

LOAN SOURCE Full Name (Last, First, Middle Initial) Jones, Lateresa, A, ,		<input type="checkbox"/> Memo Item	Election: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 3475			
City PALM BEACH	State FL	ZIP Code 33480	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 200.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 200.00
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TERMS	Date Incurred M 03 / D 07 / Y 2022	Date Due M M / D D / Y 12/31/2022	Interest Rate (If none, enter 0) 5.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	200.00
TOTALS This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **FRIENDS TO ELECT LATERESA A JONES** Transaction ID : **SC/10.4508**

LOAN SOURCE Full Name (Last, First, Middle Initial) Jones, Lateresa, A, ,		<input type="checkbox"/> Memo Item	Election: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 3475			
City PALM BEACH	State FL	ZIP Code 33480	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 53.86	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 53.86
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TERMS	Date Incurred M 03 / D 16 / Y 2022	Date Due M M / D D / Y 12/31/2022	Interest Rate (If none, enter 0) 5.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	53.86
TOTALS This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **FRIENDS TO ELECT LATERESA A JONES** Transaction ID : **SC/10.4509**

LOAN SOURCE Full Name (Last, First, Middle Initial) Jones, Lateresa, A, ,		<input type="checkbox"/> Memo Item	Election: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 3475			
City PALM BEACH	State FL	ZIP Code 33480	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 67.75	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 67.75
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TERMS	Date Incurred M 03 / D 18 / Y 2022	Date Due M M / D D / Y 12/31/2022	Interest Rate (If none, enter 0) 5.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	67.75
TOTALS This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **FRIENDS TO ELECT LATERESA A JONES** Transaction ID : **SC/10.4510**

LOAN SOURCE Full Name (Last, First, Middle Initial) Jones, Lateresa, A, ,		<input type="checkbox"/> Memo Item	Election: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 3475			
City PALM BEACH	State FL	ZIP Code 33480	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 25.58	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 25.58
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TERMS	Date Incurred M 03 / D 25 / Y 2022	Date Due M M / D D / Y 12/31/2022	Interest Rate (If none, enter 0) 5.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	25.58
TOTALS This Period (last page in this line only).....▶	849.18

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.