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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. FRIENDS TO ELECT LATERESA A JONES ADDRESS (number and street) ▼ Check if different than previously reported. (ACC) PALM BEACH PALM BEACH CITY ▲ STATE ▲ ZIP CODE A	DISTRICT
ADDRESS (number and street) Check if different than previously reported. (ACC) CITY STATE ZIP CODE 4	DISTRICT
ADDRESS (number and street) Check if different than previously reported. (ACC) CITY STATE ZIP CODE 4	DISTRICT
ADDRESS (number and street) Check if different than previously reported. (ACC) CITY STATE ZIP CODE 4	DISTRICT
ADDRESS (number and street) Check if different than previously reported. (ACC) CITY STATE ZIP CODE 4	DISTRICT
than previously reported. (ACC) PALM BEACH FL 33480 CITY STATE ZIP CODE 4	DISTRICT
reported. (ACČ)	DISTRICT
	DISTRICT
C C00552711 3. IS THIS NEW AMENDED FL	
4. TYPE OF REPORT (Choose One)	
(b) 12-Day PRE -Election Report for the:	
Primary (12P) General (12G) Rund	off (12R)
Convention (12C) Special (12S)	
July 15 Quarterly Report (Q2)	
October 15 Quarterly Report (Q3) Election on State of	
January 31 Year-End Report (YE) (c) 30-Day POST -Election Report for the:	
General (30G) Runoff (30R) Spec	cial (30S)
Termination Report (TER) M M / D D / Y Y Y Y in the State of	
5. Covering Period 01 / 01 / 2023 through 03 / 31 / 2023	
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Kiger, Robert, , ,	
Type or Print Name of Treasurer	
Signature of Treasurer Kiger, Robert, , , [Electronically Filed] Date	^y ^y ^y ^y 2023
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.	3.C. §30109
Office Use Only (Revised 05/2016	

SUMMARY PAGE

FEC Form 3 (Revised 05/2016)

of Receipts and Disbursements

2023

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2023

03

To:

Write or Type Committee Name

Report Covering the Period:

FRIENDS TO ELECT LATERESA A JONES

From:

01

01

COLUMN A COLUMN B This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 31.00 51.00 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) (c) Net Contributions (other than loans) 31.00 51.00 (subtract Line 6(b) from Line 6(a)) 7. Net Operating Expenditures (a) Total Operating Expenditures 78.21 157.53 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 78.21 157.53 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of -29.42Reporting 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 5238.36 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)

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Write or Type Committee Name

FRIENDS TO ELECT LATERESA A JONES

01 03 01 2023 31 2023 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 0.00 0.00 (i) Itemized (use Schedule A)..... 51.00 31.00 (ii) Unitemized (iii) TOTAL of contributions 31.00 51.00 from individuals 0.00 0.00 Political Party Committees..... Other Political Committees 0.00 0.00 (such as PACs)..... 0.00 0.00 The Candidate..... (d) TOTAL CONTRIBUTIONS (other than loans) 31.00 51.00 (add Lines 11(a)(iii), (b), (c), and (d)).. 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES 13. LOANS: (a) Made or Guaranteed by the 0.00 45.00 Candidate..... 0.00 0.00 (b) All Other Loans..... TOTAL LOANS 0.00 45.00 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 0.00 0.00 (Refunds, Rebates, etc.) 15. OTHER RECEIPTS 0.00 0.00 (Dividends, Interest, etc.)..... 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) 31.00 96.00 (Carry Total to Line 24, page 4).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 05/2016)

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COLUMN A COLUMN B II. DISBURSEMENTS **Total This Period Election Cycle-to-Date** 78.21 157.53 17. OPERATING EXPENDITURES..... 18. TRANSFERS TO OTHER 0.00 0.00 AUTHORIZED COMMITTEES 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed 0.00 0.00 by the Candidate..... 0.00 0.00 (b) Of All Other Loans (c) TOTAL LOAN REPAYMENTS 0.00 0.00 (add Lines 19(a) and (b))..... 20. REFUNDS OF CONTRIBUTIONS TO: Individuals/Persons Other 0.00 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees..... Other Political Committees 0.00 0.00 (such as PACs) TOTAL CONTRIBUTION REFUNDS 0.00 0.00 (add Lines 20(a), (b), and (c))..... 0.00 0.00 21. OTHER DISBURSEMENTS 22. TOTAL DISBURSEMENTS 78.21 157.53 (add Lines 17, 18, 19(c), 20(d), and 21) III. CASH SUMMARY 17.79 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...... 31.00 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... 48.79 25. SUBTOTAL (add Line 23 and Line 24)..... 78.21 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...... 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD -29.42(subtract Line 26 from Line 25).....

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

PAGE 5 OF FOR LINE NUMBER: (check only one)

x 13a 13b

20

Transaction ID: SC/10.4163 NAME OF COMMITTEE (In Full) FRIENDS TO ELECT LATERESA A JONES LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary Jones, Lateresa, A, , General Mailing Address PO BOX 3475 Other (specify) \blacktriangledown City State ZIP Code X Personal Funds of the Candidate FL 33480 PALM BEACH Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 215.00 19.40 195.60 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) M 11M 5.00 D04D Ž021 Y12/31/2022 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code 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.

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

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FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)	A IONEC		Transa	ction ID : SC/10.4452		
FRIENDS TO ELECT LATERESA LOAN SOURCE Full Name (Last, First, M			☐ Memo Item			
Jones, Lateresa, A, , Mailing Address PO BOX 3475						
1 0 000 3473						
City	State	ZIP Code		Personal Funds of the Candidate		
PALM BEACH	FL	33480				
Original Amount of Loan	Cumulative Pay	ment To Date		lance Outstanding at Close of This Period		
96.23			60.00	36.23		
TERMS Date Incurred	D	ate Due	Interest Ra			
M01 ^M / D26 ^D / Y Ž02Ž Y	M M / D D			% (apr) Yes X No		
List All Endorsers or Guarantors (if any)	to Loan Source					
1. Full Name (Last, First, Middle Initial)		Name	Name of Employer Occupation Amount			
Mailing Address		Occup				
		Amou				
City State ZIP Code			nteed anding:	7		
2. Full Name (Last, First, Middle Initial)		Name	Name of Employer			
Mailing Address		Occup	oation			
			Amount			
City	City State ZIP Code			Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name	Name of Employer Occupation Amount			
Mailing Address		Occup				
		Amou				
City	ZIP Code	Guara Outsta	inteed anding:	9 9		
4. Full Name (Last, First, Middle Initial)		Name	Name of Employer Occupation			
Mailing Address		Occup				
			Amount			
City	ZIP Code	Guara Outsta	inteed anding:	, , , , , , ,		
		•				
SUBTOTALS This Period This Page (optional))		············•	36.23		
TOTALS This Period (last page in this line or	ıly)		······	, ,		
Carry outstanding balance only to LINE 3, So	chedule D, for this	s line. If no Sch	edule D, carry for	ward to appropriate line of Summary.		

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

FOR LINE NUMBER: (check only one)

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OF

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Transaction ID: SC/10.4512 NAME OF COMMITTEE (In Full) FRIENDS TO ELECT LATERESA A JONES LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary Jones, Lateresa, A, , General Mailing Address PO BOX 3475 Other (specify) \blacktriangledown City State ZIP Code X Personal Funds of the Candidate FL 33480 PALM BEACH Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 210.16 0.00 210.16 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 5.00 ^D26^D M₀₂M **Ž**02Ž Y12/31/2022 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code 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.

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

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FOR LINE NUMBER: (check only one)

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OF

NAME OF COMMITTEE (In Full) FRIENDS TO ELECT LATERES	A A JONES		Trar	saction ID : SC/10.4496		
Jones, Lateresa, A, ,	fiddle Initial)	☐ Memo It	em Election: 2022 x Primary General			
Mailing Address PO BOX 3475				Other (specify)		
City	State	ZIP Code	 e			
PALM BEACH	FL	33480		x Personal Funds of the Candidate		
Original Amount of Loan	Cumulative Pa	yment To D	Date	Balance Outstanding at Close of This Period		
200.00		9	100.00	100.00		
TERMS Date Incurred	С	Date Due	Interest (If none, e			
M03 ^M / D07 ^D / Y Z02Z Y	M M / D D	/ Y12/3	š1/2022 ^Y	5.00 % (apr) Yes 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:	9 9		
2. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address		- 1	Occupation			
			Amount Guaranteed			
City State ZIP Code			Outstanding:	9 9 9		
3. Full Name (Last, First, Middle Initial)			Name of Employer			
Mailing Address		-	Occupation			
			Amount			
City	ZIP Code		Guaranteed Outstanding:	9 9		
4. Full Name (Last, First, Middle Initial)	-		Name of Employer			
Mailing Address		-	Occupation			
			Amount			
City	ZIP Code		Guaranteed Outstanding:	9 9 9		
SUBTOTALS This Period This Page (optiona TOTALS This Period (last page in this line o	-		<u>_</u>	100.00		
The fine i chod flast page in this line o				7 7		
Carry outstanding balance only to LINE 3, S	chedule D, for thi	s line. If no	o Schedule D, carry	forward to appropriate line of Summary.		

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

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FOR LINE NUMBER:
(check only one)

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Transaction ID: SC/10.4508 NAME OF COMMITTEE (In Full) FRIENDS TO ELECT LATERESA A JONES LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary Jones, Lateresa, A, , General Mailing Address PO BOX 3475 Other (specify) \blacktriangledown City State ZIP Code X Personal Funds of the Candidate FL 33480 PALM BEACH Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 53.86 0.00 53.86 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 5.00 ^D16^D M 03M **Ž**02Ž Y12/31/2022 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code 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.

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

PAGE 10 OF FOR LINE NUMBER: **x** 13a (check only one)

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13b Transaction ID: SC/10.4509 NAME OF COMMITTEE (In Full) FRIENDS TO ELECT LATERESA A JONES LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary Jones, Lateresa, A, , General Mailing Address PO BOX 3475 Other (specify) \blacktriangledown City State ZIP Code X Personal Funds of the Candidate FL 33480 PALM BEACH Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 67.75 60.00 7.75 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 5.00 D 18D M 03M **Ž**02Ž Y12/31/2022 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 7.75 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.

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

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Transaction ID: SC/10.4510 NAME OF COMMITTEE (In Full) FRIENDS TO ELECT LATERESA A JONES LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary Jones, Lateresa, A, , General Mailing Address PO BOX 3475 Other (specify) \blacktriangledown City State ZIP Code X Personal Funds of the Candidate FL 33480 PALM BEACH Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 25.58 0.00 25.58 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 5.00 ^D25 ^D M 03M **Ž**02Ž Y12/31/2022 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 25.58 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.

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

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Transaction ID: SC/10.4544 NAME OF COMMITTEE (In Full) FRIENDS TO ELECT LATERESA A JONES LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary Jones, Lateresa, A, , General Mailing Address PO BOX 3475 Other (specify) \blacktriangledown City State ZIP Code X Personal Funds of the Candidate FL 33480 PALM BEACH Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 503.28 500.00 3.28 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 5.00 D01D M 05M **Ž**02Ž Y12/31/2022 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 3.28 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.

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

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Transaction ID: SC/10.4565 NAME OF COMMITTEE (In Full) FRIENDS TO ELECT LATERESA A JONES LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary Jones, Lateresa, A, , General Mailing Address PO BOX 3475 Other (specify) \blacktriangledown City State ZIP Code X Personal Funds of the Candidate FL 33480 PALM BEACH Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 350.00 0.00 350.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 5.00 D07D M 06M **Ž**02Ž Y12/31/2022 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 350.00 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.

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

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OF

				<u> </u>	130	
NAME OF COMMITTEE (In Full) FRIENDS TO ELECT L		A JONES		Transa	ction ID : SC/10.4573	
LOAN SOURCE Full Name	(Last, First, Mid	ldle Initial)		Memo Item	Election: 2022	
Jones, Lateresa, A, ,				_ Weme tem	x Primary	
, , , ,					General	
Mailing Address PO BOX 3475				Other (specify)		
			ZIP Cod	le	▼ Personal Funds of the Candidate	
PALM BEACH		FL	33480			
Original Amount of Loan		Cumulative Pa	yment To	Date Bala	ance Outstanding at Close of This Period	
7 7	100.00			0.00	100.00	
TERMS Date Incurred		С	Date Due	Interest Rat (If none, ente		
M06 ^M / D13 ^D / Y	ž02ž ^Y	M M / D D	/ Y12	/31/2022 ^Y 5	.00 % (apr) Yes X No	
List All Endorsers or Guara	antors (if any) to	n Loan Source			,	
Full Name (Last, First, N	, ,,	2 Louis Octavo		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	Mailing Address			Occupation		
				Amount		
City State ZIP Code				Guaranteed Outstanding:		
3. Full Name (Last, First, Mi	ddle Initial)			Name of Employer Occupation		
Mailing Address						
				Amount Guaranteed		
City	State	ZIP Code		Outstanding:	9 9	
4. Full Name (Last, First, Mi	4. Full Name (Last, First, Middle Initial)					
Mailing Address				Occupation		
				Amount		
City	State	ZIP Code		Guaranteed Outstanding:	9 9	
SUBTOTALS This Period This	Page (optional)			·····	100.00	
TOTALS This Period (last page	in this line only	·) ······		······	, . ,	
Carry outstanding balance only	y to LINE 3, Sch	edule D, for this	is line. If r	o Schedule D, carry for	ward to appropriate line of Summary.	

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

FOR LINE NUMBER: (check only one)

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OF

NAME OF COMMITTEE (In Full) FRIENDS TO ELECT LATERES	SA A JONES	Transaction ID : SC/10.4616		
LOAN SOURCE Full Name (Last, First, Jones, Lateresa, A, ,	☐ Memo Item			
Mailing Address PO BOX 3475	Other (specify) ▼			
City	State	ZIP Code Personal Funds of the Candidate		
PALM BEACH	FL	33480		
Original Amount of Loan	Cumulative Page			
3000.00		0.00		
TERMS Date Incurred		Date Due Interest Rate Secured: (If none, enter 0)		
M07M / D18D / Y Ž02Ž Y	M M / D D	/ Y12/31/2022 Y 5.00		
List All Endorsers or Guarantors (if ar	ny) to Loan Source			
1. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City	e ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation Amount Guaranteed		
City	e ZIP Code	Outstanding:		
3. Full Name (Last, First, Middle Initial)	·	Name of Employer		
Mailing Address		Occupation		
City Stat	e ZIP Code	Amount Guaranteed		
	e Zir Code	Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City Stat	e ZIP Code	Amount Guaranteed		
Only	211 0000	Outstanding:		
SUBTOTALS This Period This Page (option	nal)	3000.00		
TOTALS This Period (last page in this line	only)			
Carry outstanding balance only to LINE 3.	Schedule D. for this	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

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	13b

OF

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Transaction ID: SC/10.4650 NAME OF COMMITTEE (In Full) FRIENDS TO ELECT LATERESA A JONES LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2022 Memo Item Primary Jones, Lateresa, A, , General Mailing Address PO BOX 3475 Other (specify) \blacktriangledown City State ZIP Code X Personal Funds of the Candidate FL 33480 PALM BEACH Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 250.00 0.00 250.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 5.00 D09D M80^M **Ž**02Ž Y12/31/2022 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 250.00 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.

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

PAGE 17 OF FOR LINE NUMBER: (check only one)

X 13a 13b

NAME OF COMMITTEE (In Full) FRIENDS TO ELECT LATERESA	A A JONES	Tran	saction ID : SC/10.4653				
LOAN SOURCE Full Name (Last, First, Manner) Jones, Lateresa, A, ,	liddle Initial)	☐ Memo It	em Election: 2022 X Primary General				
Mailing Address PO BOX 3475			Other (specify)				
City PALM BEACH	State	P Code 33480	Personal Funds of the Candidate				
Original Amount of Loan	Cumulative Pa		Balance Outstanding at Close of This Period				
250.00		0.00	250.00				
TERMS Date Incurred		Due Interest (If none, e					
M08 ^M / D11 ^D / Y Ž02Ž Y	M M / D D	^Y 12/31/2022 ^Y	5.00 % (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					
City	ZIP Code	Amount Guaranteed Outstanding:	Guaranteed				
2. Full Name (Last, First, Middle Initial)		Name of Employer					
Mailing Address		Occupation					
City	ZIP Code	Amount Guaranteed Outstanding:	7 7 7				
3. Full Name (Last, First, Middle Initial)		Name of Employer					
Mailing Address		Occupation					
City	ZIP Code	Amount Guaranteed Outstanding:					
4. Full Name (Last, First, Middle Initial)	<u>'</u>	Name of Employer					
Mailing Address		Occupation					
City State	ZIP Code	Amount Guaranteed Outstanding:	9 9				
SUBTOTALS This Period This Page (optional	SUBTOTALS This Period This Page (optional)						
TOTALS This Period (last page in this line only)							
Carry outstanding balance only to LINE 3, S	Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.						

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

PAGE 18 C
FOR LINE NUMBER: (check only one)

NUMBER:
v one) x 13a
13b

OF

20

Transaction ID: SC/10.4679 NAME OF COMMITTEE (In Full) FRIENDS TO ELECT LATERESA A JONES LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2024 Memo Item Primary Jones, Lateresa, A, , General Mailing Address PO BOX 3475 Other (specify) \blacktriangledown City State ZIP Code X Personal Funds of the Candidate FL 33480 PALM BEACH Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 100.00 0.00 100.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 5.00 D31 D M 10^M **Ž**02Ž Y12/31/2024 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 100.00 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.

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

FOR LINE NUMBER: (check only one)

PAGE

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13a 13b

20

Transaction ID: SC/10.4693 NAME OF COMMITTEE (In Full) FRIENDS TO ELECT LATERESA A JONES LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2024 Memo Item Primary Jones, Lateresa, A, , General Mailing Address PO BOX 3475 Other (specify) \blacktriangledown City State ZIP Code X Personal Funds of the Candidate FL 33480 PALM BEACH Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 45.00 0.00 45.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 5.00 M 12M ^D27^D **Ž**02Ž Y12/31/2024 Y x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 45.00 TOTALS This Period (last page in this line only)..... 4727.46 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3) DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)

(Use separate schedule(s) for each numbered line)

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FOR LINE NUMBER: (check only one) 9

x 10

	RIENDS TO ELECT	LAT	ERESA A JON	ES		
	A. Full Name (Last, First, Middle Initial) of De FEC Infusion	Full Name (Last, First, Middle Initial) of Debtor or Creditor				
	Mailing Address 401 S County Rd #2008	1				
Ī	City					
	Palm Beach	FL	33480			
	Outstanding Balance Beginning This Period	Transaction ID : SD10.4716				
	0.00					
	Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period		
	510.90		0.00	510.90		
1	B. Full Name (Last, First, Middle Initial) of Del	otor or Cred	ditor	Nature of Debt (Purpose):		
-	Mailing Address			-		
	City	State	Zip Code			
	Outstanding Balance Beginning This Period Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period		
	C. Full Name (Last, First, Middle Initial) of De	Nature of Debt (Purpose):				
	Mailing Address	-				
	City	State	Zip Code			
-	Outstanding Balance Beginning This Period Amount Incurred This Period		Payment This Period	Outstanding Balance at Close of This Period		
1\	SUPTOTALS This Poyled This Dags (antisms	\	, , , , , , , , , , , , , , , , , , , ,	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
1)	SUBTOTALS This Period This Page (optional	,		510.90		
2)	TOTALS This Period (last page this line num	ber only) ····		510.90		
3)	TOTAL OUTSTANDING LOANS from Schedu	ule C (last p	page only)·····	4727.46		
4)	ADD 2) and 3) and carry forward to appropr	5238.36				