

2018 JUN 20 PM 12:16

**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

LATERESA JONES FOR US SENATE

ADDRESS (number and street)

POST BOX 454

Check if different than previously reported. (ACC)

HAVANA

FL

32333

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C00552711

3. IS THIS REPORT

NEW (N) OR

AMENDED (A)

STATE ▼ DISTRICT

FL

00

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)

Termination Report (TER)

(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

12

01

2017

through

01

31

2018

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 ANNIE GRIFFIN

Signature of Treasurer

Annie Griffin

Date

06

20

2018

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

FEC FORM 3
(Revised 05/2016)

201806210200467730

New NONE Applies

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POST OFFICE BOX 454

Check if different than previously reported. (ACC)

HAVANA

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in the State of

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Election on

in the State of

5. Covering Period 12/01/2017 through 01/31/2018

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 ANNIE GRIFFIN

Signature of Treasurer

Annie Griffin

Date

01/15/2018

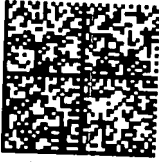
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Office Use Only

FEC FORM 3
(Revised 05/2016)

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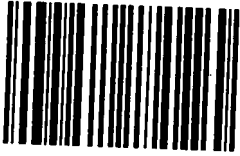
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United States Senate

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UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

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Date of Receipt

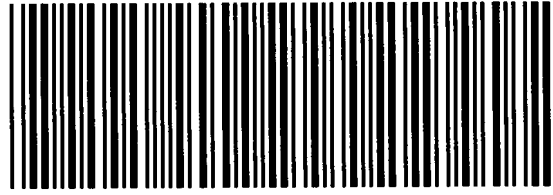
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Date of Receipt

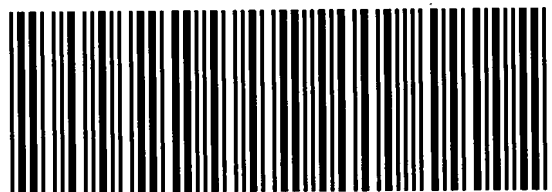
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PREPARER BP DATE PREPARED 6/20/18

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