

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 PALM BEACH FL 33480 CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER C C00552711 3. IS THIS REPORT NEW (N) OR AMENDED (A) STATE DISTRICT FL 11

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 M M / D D / Y Y Y Y 10 / 01 / 2021 through M M / D D / Y Y Y Y 12 / 31 / 2021

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 01 / 08 / 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.

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))....	3695.00	3695.00
(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)).....	3695.00	3695.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	5304.66	5304.66
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	5304.66	5304.66
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1402.69	
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).....	195.60	

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).....	1250.00	1250.00
(ii) Unitemized.....	2445.00	2445.00
(iii) TOTAL of contributions from individuals ▶	3695.00	3695.00
(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))..	3695.00	3695.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	555.00	555.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	555.00	555.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
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)..... ▶	4250.00	4250.00

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.....	5304.66	5304.66
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	359.40	359.40
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	359.40	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) ►	5664.06	5664.06

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	2816.75
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	4250.00
25. SUBTOTAL (add Line 23 and Line 24).....	7066.75
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	5664.06
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1402.69

**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 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 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)
Christensen, James, , ,

Mailing Address 2067 E Pheasant Circle

City Holladay	State UT	Zip Code 84121
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FEC ID number of contributing federal political committee. **C**

Name of Employer SNMC	Occupation Executive
--------------------------	-------------------------

Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 06 / 2021

Transaction ID : SA11AI.4105

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 3121 Faculty Rd

City Bay Minette	State AL	Zip Code 36507
---------------------	-------------	-------------------

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

Name of Employer Retired	Occupation Retired
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Receipt For: 2022
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 09 / 2021

Transaction ID : SA11AI.4131

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	1250.00
TOTAL This Period (last page this line number only)..... ▶	1250.00

**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 6 OF 17
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) A. Jones, Lateresa, , ,			Date of Receipt M M / D D / Y Y Y Y Y 10 / 18 / 2021		
Mailing Address 761 NE 31st St			Transaction ID : SA13A.4166		
City Ocala	State FL	Zip Code 34479	Amount of Each Receipt this Period _____ 100.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item			
Name of Employer Self		Occupation Candidate			
Receipt For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 100.00			

Full Name (Last, First, Middle Initial) B. Jones, Lateresa, , ,			Date of Receipt M M / D D / Y Y Y Y Y 10 / 23 / 2021		
Mailing Address 761 NE 31st St			Transaction ID : SA13A.4157		
City Ocala	State FL	Zip Code 34479	Amount of Each Receipt this Period _____ 25.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item			
Name of Employer Self		Occupation Candidate			
Receipt For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 125.00			

Full Name (Last, First, Middle Initial) C. Jones, Lateresa, , ,			Date of Receipt M M / D D / Y Y Y Y Y 10 / 23 / 2021		
Mailing Address 761 NE 31st St			Transaction ID : SA13A.4160		
City Ocala	State FL	Zip Code 34479	Amount of Each Receipt this Period _____ 65.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item			
Name of Employer Self		Occupation Candidate			
Receipt For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 190.00			

SUBTOTAL of Receipts This Page (optional)..... ▶	_____ 190.00
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: (check only one)	PAGE 7 OF 17
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) A. Jones, Lateresa, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 04 / 2021		
Mailing Address 761 NE 31st St			Transaction ID : SA13A.4163		
City Ocala	State FL	Zip Code 34479	Amount of Each Receipt this Period _____ 215.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer Self		Occupation Candidate			
Receipt For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 405.00			

Full Name (Last, First, Middle Initial) B. Kiger, Robert, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 10 / 2021		
Mailing Address 235 Flagler Lane			Transaction ID : SA13A.4135		
City West Palm Beach	State FL	Zip Code 33407	Amount of Each Receipt this Period _____ 125.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer Self		Occupation Treasurer			
Receipt For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 125.00			

Full Name (Last, First, Middle Initial) C. Kiger, Robert, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 10 / 2021		
Mailing Address 235 Flagler Lane			Transaction ID : SA13A.4136		
City West Palm Beach	State FL	Zip Code 33407	Amount of Each Receipt this Period _____ 25.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer Self		Occupation Treasurer			
Receipt For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 150.00			

SUBTOTAL of Receipts This Page (optional)..... ▶	_____ 365.00
TOTAL This Period (last page this line number only)..... ▶	_____ 555.00

**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. Appel, James, , ,		Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2021
Mailing Address 1809 Francis Ct.		FEC Identification Number C C00552711
City Annapolis	State MD	Zip Code 21401
Purpose of Disbursement	Category/ Type 001	Amount of Each Disbursement this Period 1500.00
Candidate Name FRIENDS TO ELECT LATERESA A JONES	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4116
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 11	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Hernando County Republican Party		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2021
Mailing Address 10515 Northcliffe Blvd		FEC Identification Number C C00552711
City Spring Hill	State FL	Zip Code 34608
Purpose of Disbursement Lincoln Day	Category/ Type 007	Amount of Each Disbursement this Period 300.00
Candidate Name FRIENDS TO ELECT LATERESA A JONES	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4150
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 11	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) c. Kiger, Robert, , ,		Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2021
Mailing Address 235 Flagler Lane		FEC Identification Number C C00552711
City West Palm Beach	State FL	Zip Code 33407
Purpose of Disbursement Treasurer Fee	Category/ Type 001	Amount of Each Disbursement this Period 500.00
Candidate Name FRIENDS TO ELECT LATERESA A JONES	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4142
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 11	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	2300.00
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. Red Fox Strategies, LLC			Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2021	
Mailing Address 3919 Valley Ridge Dr			FEC Identification Number C C00552711	
City Fairfax	State VA	Zip Code 22033	Amount of Each Disbursement this Period 727.00	
Purpose of Disbursement Fundraiser		Category/ Type 003	Transaction ID : SB17.4108	
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: 11			

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	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>	
Candidate Name				
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) ▼			
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	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>	
Candidate Name				
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) ▼			
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....▶	727.00
TOTAL This Period (last page this line number only).....▶	3027.00

**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 type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" 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. Jones, Lateresa, , ,		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2021
Mailing Address 761 NE 31st St		FEC Identification Number C C00552711
City Ocala	State FL	Zip Code 34479
Purpose of Disbursement	Category/ Type 009	Amount of Each Disbursement this Period 100.00
Candidate Name FRIENDS TO ELECT LATERESA A JONES	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB19A.4347
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 11	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Jones, Lateresa, , ,		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2021
Mailing Address 761 NE 31st St		FEC Identification Number C C00552711
City Ocala	State FL	Zip Code 34479
Purpose of Disbursement	Category/ Type 009	Amount of Each Disbursement this Period 25.00
Candidate Name FRIENDS TO ELECT LATERESA A JONES	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB19A.4349
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 11	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Jones, Lateresa, , ,		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2021
Mailing Address 761 NE 31st St		FEC Identification Number C C00552711
City Ocala	State FL	Zip Code 34479
Purpose of Disbursement	Category/ Type 009	Amount of Each Disbursement this Period 65.00
Candidate Name FRIENDS TO ELECT LATERESA A JONES	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB19A.4350
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 11	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	190.00
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 11 OF 17	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" 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. Jones, Lateresa, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2021	
Mailing Address 761 NE 31st St			FEC Identification Number C	
City Ocala	State FL	Zip Code 34479	Amount of Each Disbursement this Period 19.40	
Purpose of Disbursement			Transaction ID : SB19A.4167	
Candidate Name			<input type="checkbox"/> Memo Item	
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) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Kiger, Robert, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2021	
Mailing Address 235 Flagler Lane			FEC Identification Number C C00552711	
City West Palm Beach	State FL	Zip Code 33407	Amount of Each Disbursement this Period 125.00	
Purpose of Disbursement Repay Loan			Transaction ID : SB19A.4140	
Candidate Name FRIENDS TO ELECT LATERESA A JONES			<input type="checkbox"/> Memo Item	
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: 11				

Full Name (Last, First, Middle Initial) c. Kiger, Robert, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2021	
Mailing Address 235 Flagler Lane			FEC Identification Number C C00552711	
City West Palm Beach	State FL	Zip Code 33407	Amount of Each Disbursement this Period 25.00	
Purpose of Disbursement Repay Loan			Transaction ID : SB19A.4141	
Candidate Name FRIENDS TO ELECT LATERESA A JONES			<input type="checkbox"/> Memo Item	
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: 11				

SUBTOTAL of Disbursements This Page (optional).....▶	169.40
TOTAL This Period (last page this line number only).....▶	359.40

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **FRIENDS TO ELECT LATERESA A JONES** Transaction ID : **SC/10.4166**

LOAN SOURCE Full Name (Last, First, Middle Initial) Jones, Lateresa, , ,		<input type="checkbox"/> Memo Item	Election: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 761 NE 31st St			
City Ocala	State FL	ZIP Code 34479	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 100.00	Cumulative Payment To Date 100.00	Balance Outstanding at Close of This Period 0.00
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TERMS	Date Incurred M 10 / D 18 / Y 2021	Date Due M / 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).....▶	0.00
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/10.4157**

LOAN SOURCE Full Name (Last, First, Middle Initial) Jones, Lateresa, , ,		<input type="checkbox"/> Memo Item	Election: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 761 NE 31st St			
City Ocala	State FL	ZIP Code 34479	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 25.00	Cumulative Payment To Date 25.00	Balance Outstanding at Close of This Period 0.00
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TERMS	Date Incurred M 10 / D 23 / 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
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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).....▶	0.00
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/10.4160**

LOAN SOURCE Full Name (Last, First, Middle Initial) Jones, Lateresa, , ,		<input type="checkbox"/> Memo Item	Election: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 761 NE 31st St			
City Ocala	State FL	ZIP Code 34479	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 65.00	Cumulative Payment To Date 65.00	Balance Outstanding at Close of This Period 0.00
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TERMS	Date Incurred M 10 / D 23 / 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
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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).....▶	0.00
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/10.4163**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
Jones, Lateresa, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address 761 NE 31st St			<input type="checkbox"/> General
			<input type="checkbox"/> Other (specify) ▼
City Ocala	State FL	ZIP Code 34479	<input checked="" type="checkbox"/> Personal Funds of the Candidate

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 (If none, enter 0)	Secured:
	M 11 / D 04 / Y 2021	M M / D D / Y 12/31/2022	5.00 % (apr)	<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/10.4135**

LOAN SOURCE Full Name (Last, First, Middle Initial) Kiger, Robert, , ,		<input type="checkbox"/> Memo Item	Election: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 235 Flagler Lane			
City West Palm Beach	State FL	ZIP Code 33407	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 125.00	Cumulative Payment To Date 125.00	Balance Outstanding at Close of This Period 0.00
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TERMS	Date Incurred M 11 / D 10 / Y 2021	Date Due M M / D D / Y 12/15/2021	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).....▶	0.00
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/10.4136**

LOAN SOURCE Full Name (Last, First, Middle Initial) Kiger, Robert, , ,		<input type="checkbox"/> Memo Item	Election: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 235 Flagler Lane			
City West Palm Beach	State FL	ZIP Code 33407	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 25.00	Cumulative Payment To Date 25.00	Balance Outstanding at Close of This Period 0.00
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TERMS	Date Incurred M 11 / D 10 / Y 2021	Date Due M M / D D / Y 12/15/2021	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).....▶	0.00
TOTALS This Period (last page in this line only).....▶	195.60

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