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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An Aut	horized Com	mittee		(Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT		ample: If typing er the lines.	, type	12FE4M5	
FRIENDS TO ELECT	ΓLATERESA A	JONES				
ADDRESS (number and street)	PO BOX 3475					
▼ Check if different						
than previously reported. (ACC)	PALM BEACH				LFL 3	33480
2. FEC IDENTIFICATION	NUMBER ▼	CITY ▲			STATE A	ZIP CODE ▲
C C00552711		3. IS THIS REPORT	NEW (N)	OR	AMENDE (A)	STATE ▼ DISTRICT FL
4. TYPE OF REPORT (((a) Quarterly Reports:	Choose One) (b	o) 12-Day PRE	-Election Repor	t for the:		
			Primary (12P)	1	General (12	G) Runoff (12R)
April 15 Quarterly	y Report (Q1)		Convention (1	2C)	Special (12	S)
July 15 Quarterly	Report (Q2)			_		
October 15 Quar	rterly Report (Q3)	Election on	11 /	D08 D /	2022	in the FL State of
January 31 Year-	End Report (YE) (c	c) 30-Day POS	T -Election Repo	ort for the:		
			General (30G)	[Runoff (30F	Special (30S)
Termination Repo	ort (TER)	Election on	M M /	D D /	YYYY	in the State of
5. Covering Period	10 / D D / 1	2022	through	M M	/ 19 /	y y y y y y 2022
I certify that I have examined Type or Print Name of Treasu	Kiger, Robert, , ,	e best of my kr	nowledge and b	elief it is tr	rue, correct and	complete.
K Signature of Treasurer	iiger, Robert, , ,		[Electronically F	iled][Date 10	/ 23 / Y Y Y Y Y Y 2022
NOTE: Submission of false, erro	oneous, or incomplete i	information may	subject the pers	on signing	this Report to the	penalties of 52 U.S.C. §30109
Office						FEC FORM 2
Use Only						FEC FORM 3 (Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

2022

FEC Form 3 (Revised 05/2016)

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2022

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Write or Type Committee Name FRIENDS TO ELECT LATERESA A JONES

10

01

Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 10.00 6255.00 (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) 10.00 6255.00 (subtract Line 6(b) from Line 6(a)) 7. Net Operating Expenditures (a) Total Operating Expenditures 16.74 13706.32 (from Line 17) (b) Total Offsets to Operating 36.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 13670.32 16.74 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of -16.11Reporting 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 4582.46 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

Report Covering the Period: From: 10 01 2022 To: 10 19 2022

I. RECEIPTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date	
11.	CONTRIBUTIONS (other than loans) FROM:			
	(a) Individuals/Persons Other Than			
	Political Committees (i) Itemized (use Schedule A)	0.00	3250.00	
	(ii) Unitemized	10.00	3005.00	
	(iii) TOTAL of contributions from individuals	10.00	6255.00	
	(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	
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	10.00	6255.00	
2.	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00	
3.	LOANS:			
	(a) Made or Guaranteed by the Candidate	0.00	5761.86	
	(b) All Other Loans	0.00	0.00	
	(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	5761.86	
4.	OFFSETS TO OPERATING			
	EXPENDITURES (Refunds, Rebates, etc.)	0.00	36.00	
5.	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00	
6.	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	10.00	12052.86	

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	16.74	13706.32
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
 19.	LOAN REPAYMENTS:		
	(a) Of Loans Made or Guaranteed by the Candidate	0.00	1179.40
	(b) Of All Other Loans	0.00	0.00
	(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	1179.40
 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)	16.74	14885.72
	III. CASH SU	UMMARY	
23.	CASH ON HAND AT BEGINNING OF REPO	PRTING PERIOD	- 9.37
24	TOTAL RECEIPTS THIS PERIOD (from Line	16, page 3)	10.00
25.	SUBTOTAL (add Line 23 and Line 24)		0.63
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	16.74
27.	CASH ON HAND AT CLOSE OF REPORTIN (subtract Line 26 from Line 25)		- 16.11

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

FOR LINE NUMBER: (check only one)

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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

FOR LINE NUMBER: (check only one)

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OF

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, ,	☐ Memo Item				
Mailing Address PO BOX 3475	Other (specify) ▼				
City State ZIP Code PALM BEACH FL 33480	Personal Funds of the Candidate				
PALM BEACH FL 33480 Original Amount of Loan Cumulative Payment To Da	ate Balance Outstanding at Close of This Period				
96.23	60.00 36.23				
TERMS Date Incurred Date Due	Interest Rate Secured: (If none, enter 0)				
M01 ^M / D26 ^D / Y Ž02Ž Y M M / D D / Y12/Š	1/2022 ^Y 5.00				
List All Endorsers or Guarantors (if any) to Loan Source					
Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
City State ZIP Code	Amount Guaranteed Outstanding:				
	Name of Employer Occupation				
Mailing Address					
City State ZIP Code	Amount Guaranteed Dutstanding:				
3. Full Name (Last, First, Middle Initial)	Name of Employer				
Mailing Address	Occupation				
City State ZIP Code	Amount Guaranteed Dutstanding:				
4. Full Name (Last, First, Middle Initial)	Name of Employer				
	Decupation				
City State ZIP Code	Amount Guaranteed Dutstanding:				
SUBTOTALS This Period This Page (optional)————————————————————————————————————					
TOTALS This Period (last page in this line only)	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	SA A JONES	Transaction ID : SC/10.4512			
LOAN SOURCE Full Name (Last, First, Jones, Lateresa, A, ,	Middle Initial)	☐ Memo Item			
Mailing Address PO BOX 3475		Other (specify)			
City PALM BEACH	State	ZIP Code 33480 Personal Funds of the Candidate			
Original Amount of Loan	Cumulative Pay				
210.16		0.00 210.16			
TERMS Date Incurred	D	ate Due Interest Rate Secured: (If none, enter 0)			
M02M / D26D / Y Ž02Ž Y	M M / D D	¹ √12/31/2022 ¹ 5.00			
List All Endorsers or Guarantors (if an	**				
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			
City	e ZIP Code	Amount Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City	e ZIP Code	Amount Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City	e ZIP Code	Amount Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)					
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.			
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Use separate schedule(s) for each category of the Detailed Summary Page

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OF

Transaction ID: SC/10.4496 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 200.00 100.00 100.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 5.00 D07D 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)..... 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

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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

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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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OF

NAME OF COMMITTEE (In Full) FRIENDS TO ELECT LATERESA	A A JONES	Transaction ID : SC/10.4510
LOAN SOURCE Full Name (Last, First, Mones, 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 Pa	yment To Date Balance Outstanding at Close of This Period
25.58	, ,	0.00 25.58
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M03 ^M / D25 ^D / Y Ž02Ž Y	M M / D D	/ Y12/31/2022
List All Endorsers or Guarantors (if any)	to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
O'h	710.0-4-	Amount Guaranteed
City	ZIP Code	Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
	710.0	Amount Guaranteed
City	ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
	710.0	Amount Guaranteed
City	ZIP Code	Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	25.58
TOTALS This Period (last page in this line or		,
Carry outstanding halance only to LINE 2 S	chedule D. for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

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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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IAME OF COMMITTEE (In Full) FRIENDS TO ELECT LATE!	RESA A	JONES		Transa	ction ID : SC/10.4565
LOAN SOURCE Full Name (Last,	First, Mido	dle Initial)		Memo Item	Election: 2022
Jones, Lateresa, A, ,		•		□ Memo item	Primary
					General
Mailing Address PO BOX 3475					Other (specify)
City		State	ZIP Co		Personal Funds of the Candidate
PALM BEACH		FL	33480		
Original Amount of Loan		Cumulative Pay	ment To	Date Bal	ance Outstanding at Close of This Period
350	.00	7		0.00	350.00
TERMS Date Incurred		D	ate Due	Interest Rat (If none, ente	
M06 ^M / D07 ^D / Y 2022	Y	M / D D	/ ^Y 12	2/31/2022	.00 % (apr) Yes X No
List All Endorsers or Guarantors	(if any) to	Loan Source			
1. Full Name (Last, First, Middle Ir	nitial)			Name of Employer	
Mailing Address				Occupation	
				Amount	
City	State	ZIP Code		Guaranteed Outstanding:	, ,
2. Full Name (Last, First, Middle Ini	2. Full Name (Last, First, Middle Initial)			Name of Employer	
Mailing Address				Occupation	
				Amount	
City	State	ZIP Code		Guaranteed Outstanding:	9 9
3. Full Name (Last, First, Middle Ini	itial)			Name of Employer	
Mailing Address				Occupation	
				Amount	
City	State	ZIP Code		Guaranteed Outstanding:	g
4. Full Name (Last, First, Middle Ini	itial)			Name of Employer	
Mailing Address				Occupation	
				Amount	
City	State	ZIP Code		Guaranteed Outstanding:	7
SUBTOTALS This Period This Page (c	· · ·				350.00
Carry outstanding balance only to LIN	NE 3, Sche	edule D, for this	ine. If	no Schedule D, carry for	ward to appropriate line of Summary.

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Transaction ID: SC/10.4573 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 100.00 0.00 100.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 5.00 ^D13^D 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)..... 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

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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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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

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OF

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NAME OF COMMITTEE (In Full) FRIENDS TO ELECT LATERESA	A JONES	Transaction ID: SC/10.4653
LOAN SOURCE Full Name (Last, First, Mic	ddle Initial)	Memo Item Election: 2022
Jones, Lateresa, A, ,	•	rimary
		General
Mailing Address PO BOX 3475		Other (specify) ▼
City	State	ZIP Code X Personal Funds of the Candidate
PALM BEACH	FL	33480
Original Amount of Loan	Cumulative Pa	ment To Date Balance Outstanding at Close of This Period
250.00	,	0.00 250.00
TERMS Date Incurred	Г	ate Due Interest Rate Secured: (If none, enter 0)
M08 ^M / D11 ^D / Y Ž02Ž Y	M M / D D	√ 12/31/2022 5.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) t	to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	!	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)		250.00
TOTALS This Period (last page in this line only	y)	4582.46
Carry outstanding balance only to LINE 3, Sci	hedule D, for this	line. If no Schedule D, carry forward to appropriate line of Summary.