

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 10

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Termination Report (TER) (b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on 11 / 08 / 2022 in the State of FL (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on / / in the State of

5. Covering Period 10 / 01 / 2022 through 10 / 19 / 2022

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Kiger, Robert, , , Signature of Treasurer Kiger, Robert, , , [Electronically Filed] Date 10 / 23 / 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

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))....	10.00	6255.00
(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)).....	10.00	6255.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	16.74	13706.32
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	36.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	16.74	13670.32
8. Cash on Hand at Close of Reporting Period (from Line 27).....	- 16.11	
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).....	4582.46	

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).....	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
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	10.00	6255.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. 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
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	36.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	10.00	12052.86

DETAILED SUMMARY PAGE
of Disbursements

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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 SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING 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 (from Line 22).....	16.74
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	- 16.11

SCHEDULE C (FEC Form 3)
LOANS

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

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

Original Amount of Loan 215.00	Cumulative Payment To Date 19.40	Balance Outstanding at Close of This Period 195.60
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TERMS	Date Incurred M 11 / D 04 / Y 2021	Date Due M M / D D / Y 12/31/2022	Interest Rate (If none, enter 0) 5.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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).....▶	195.60
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) FRIENDS TO ELECT LATERESA A JONES	Transaction ID : SC/10.4452
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LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item Jones, Lateresa, A, ,		Election: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 3475		<input checked="" type="checkbox"/> Personal Funds of the Candidate
City PALM BEACH	State FL	
ZIP Code 33480		

Original Amount of Loan <div style="border: 1px solid black; width: 100%; text-align: center;">96.23</div>	Cumulative Payment To Date <div style="border: 1px solid black; width: 100%; text-align: center;">60.00</div>	Balance Outstanding at Close of This Period <div style="border: 1px solid black; width: 100%; text-align: center;">36.23</div>
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TERMS	Date Incurred M 01 / D 26 / Y 2022	Date Due M M / D D / Y 12/31/2022	Interest Rate (If none, enter 0) 5.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100%;"></div>
State	
ZIP Code	
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100%;"></div>
State	
ZIP Code	
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100%;"></div>
State	
ZIP Code	
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100%;"></div>
State	
ZIP Code	

SUBTOTALS This Period This Page (optional).....▶	<div style="border: 1px solid black; width: 100%; text-align: center;">36.23</div>
TOTALS This Period (last page in this line only).....▶	<div style="border: 1px solid black; width: 100%;"></div>

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

SCHEDULE C (FEC Form 3)
LOANS

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

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

Original Amount of Loan 210.16	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 210.16
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TERMS	Date Incurred M 02 / D 26 / Y 2022	Date Due M M / D D / Y 12/31/2022	Interest Rate (If none, enter 0) 5.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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).....▶	210.16
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

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

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

Original Amount of Loan 200.00	Cumulative Payment To Date 100.00	Balance Outstanding at Close of This Period 100.00
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TERMS	Date Incurred M 03 / D 07 / Y 2022	Date Due M M / D D / Y 12/31/2022	Interest Rate (If none, enter 0) 5.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional).....▶	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.

SCHEDULE C (FEC Form 3) LOANS

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

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

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

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

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

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

SCHEDULE C (FEC Form 3) LOANS

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

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

Original Amount of Loan 67.75	Cumulative Payment To Date 60.00	Balance Outstanding at Close of This Period 7.75
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TERMS	Date Incurred M 03 / D 18 / Y 2022	Date Due M M / D D / Y 12/31/2022	Interest Rate (If none, enter 0) 5.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional).....▶	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.

SCHEDULE C (FEC Form 3)
LOANS

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

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

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

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

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

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/10.4544**

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

Original Amount of Loan 503.28	Cumulative Payment To Date 500.00	Balance Outstanding at Close of This Period 3.28
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TERMS	Date Incurred M 05 / D 01 / Y 2022	Date Due M M / D D / Y 12/31/2022	Interest Rate (If none, enter 0) 5.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional).....▶	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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **FRIENDS TO ELECT LATERESA A JONES** Transaction ID : **SC/10.4565**

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

Original Amount of Loan 350.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 350.00
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TERMS	Date Incurred M 06 / D 07 / Y 2022	Date Due M M / D D / Y 12/31/2022	Interest Rate (If none, enter 0) 5.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional).....▶	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.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **FRIENDS TO ELECT LATERESA A JONES** Transaction ID : **SC/10.4573**

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

Original Amount of Loan 100.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 100.00
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TERMS	Date Incurred M 06 / D 13 / Y 2022	Date Due M M / D D / Y 12/31/2022	Interest Rate (If none, enter 0) 5.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional).....▶	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.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **FRIENDS TO ELECT LATERESA A JONES** Transaction ID : **SC/10.4616**

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

Original Amount of Loan 3000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 3000.00
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TERMS	Date Incurred M 07 / D 18 / Y 2022	Date Due M M / D D / Y 12/31/2022	Interest Rate (If none, enter 0) 5.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional).....▶	3000.00
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/10.4650**

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

Original Amount of Loan 250.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 250.00
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TERMS	Date Incurred M 08 / D 09 / Y 2022	Date Due M M / D D / Y 12/31/2022	Interest Rate (If none, enter 0) 5.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional).....▶	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.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **FRIENDS TO ELECT LATERESA A JONES** Transaction ID : **SC/10.4653**

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

Original Amount of Loan 250.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 250.00
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TERMS	Date Incurred M 08 / D 11 / Y 2022	Date Due M M / D D / Y 12/31/2022	Interest Rate (If none, enter 0) 5.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional).....▶	250.00
TOTALS This Period (last page in this line only).....▶	4582.46

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