CAMPAIGN TREASURER'S REPORT SUMMARY						
(1) Ted Inserra	OFFICE USE ONLY					
(2) 912 SW19th St.	RECEIVED					
Address (number and street)	315 JUL 1 1 2022 BY: DS					
☐ Check here if address has changed	(3) ID Number:					
(4) Check appropriate box(es): Candidate Office Sought: Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if PC or ECO has disbanded Check here if PTY has disbanded Check here if no other IE or EC reports will be filed						
	Identifiers					
Cover Period: From 1/22 To	6/30/22. Report Type: M6					
	ecial Election Report					
(6) Contributions This Report	(7) Expenditures This Report					
Cash & Checks \$,, 50. 00	Monetary Expenditures \$, , 5					
Loans \$,, <u>900</u> <u>0</u> 5	Transfers to Office Account \$, ,					
Total Monetary \$, ,	Total Monetary \$, ,					
In-Kind \$, ,						
	(8) Other Distributions \$, ,					
(9) TOTAL Monetary Contributions To Date \$,,,	(10) TOTAL Monetary Expenditures To Date \$					
(11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)						
I certify that I have examined this report and it is true, correct, and complete:						
(Type name) Ted Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.)	(Type name) Chairperson (only for PC and PTY)					
x Ded Merra Signature	x Dedunc					

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Туре	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
6,12,22	Inserra, Ted Anthony	1		Cer S			50,00
6,20,22	Inserra. Cheryl	1		che			50,00
6,22,22	Derringer, Sandy	1		che			50.00
1 30 22	Centermal Bound 1005E3 Au Fr Lad 3336	·	-	ioan			9000
<i>1 1</i>							
1 1							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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1) Name (2) I.D. Number								
(3) Cover Period	l/through/		1) Page	of	1			
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11)			
Ld 25/22	UPS 501 Las das	Supplies	Spplies		17.65			
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