

# CAMPAIGN TREASURER'S REPORT SUMMARY

(1) JOHN CHARLES HERBST

Name

(2) [REDACTED]

Address (number and street)

[REDACTED]

City, State, Zip Code

Check here if address has changed



(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate Office Sought: FORT LAUDERDALE CITY COMMISSION DISTRICT 1

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

### (5) Report Identifiers

Cover Period: From 04 / 01 / 2022 To 04 / 30 / 2022 Report Type: 2022 SM4

Original

Amendment

Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

Loans \$ \_\_\_\_\_ , \_\_\_\_\_ , 100 . 00

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , 100 . 00

In-Kind \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

Transfers to Office Account \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

### (8) Other Distributions

\$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 100 . 00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 0 . 00

### (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) JOHN CHARLES HERBST

Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

X *John Herbst*  
Signature

(Type name) JOHN CHARLES HERBST

Candidate  Chairperson (only for PC and PTY)

X *John Herbst*  
Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name JOHN CHARLES HERBST (2) I.D. Number \_\_\_\_\_

(3) Cover Period 04 / 01 / 2022 through 04 / 30 / 2022 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type   Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
04 / 22 / 2022 1	HERBST, JOHN CHARLES 5208 NE 24TH TERRACE UNIT F210 FORT LAUDERDALE, FL 33308	S	CPA/AUDITOR	CHE/LOAN			100.00
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