CAMPAIGN TREASURER'S REPORT SUMMARY							
CAINIFAIGIN I REASURER S REPUR I SUIVINAR I							
(1) led Insorra	CITY OFFICE PERIODING ALE						
(2) Address (number and street)	2022 NOV -L PM 1: 15						
City, State, Zip Code	CITY CLERK'S OFFICE						
☐ 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							
(5) Report	Identifiers						
Cover Period: From $(n / 22/22)$ To	1/3/2 Report Type: 3						
Ø Original ☐ Amendment ☐ Spe	ecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
Cash & Checks \$, ,	Monetary Expenditures \$, ,						
Loans \$,,	Transfers to Office Account \$, ,						
Total Monetary \$, , 60	Total Monetary \$						
In-Kind \$, ,	,, <u></u>						
·	(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 Theorem	(Type name) Ted Chairperson (only for PC and PTY)						
or electioneering comm.)	x Dod Ompenna						
Signature	Signature						

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name (2) I.D. Number							
(3) Cover Period 10/22+22 through 11/3/22 (4) Page 1 of 1							
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	(8)	(9)	1	(11)	(12)
1 1	Sity, State, Zip Sode	туре	Occupation	Туре	Description	Amendment	Amount
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

P83

CAMPAIGN TREASURER'S REPORT - FUND TRANSFERS (2) I.D. Number (3) Cover Period (4) Page (7) (8) (9) (5) (10) (11) Date Name of Financial (6) Institution Sequence Street Address & Transfer Nature of Number City, State, Zip Code Type Account Amendment **Amount**

Pg 4

CAMRAIGN TREASURER'S REPORT - ITEMI. Name C NSOCC. Cover Period 10 72 72 72 73 72 73 73 73			4) 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)	(11)
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CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

(1) Nam		-115ev-10	(2)	l.D. Number		· · - ·
(3) Cove	er Period 10 / 22+	22_through _	1/3/27) (4) Pag	e \	of]
(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) Related Expenditures	(10)	(11)	(12) Distribution Type
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DS-DE 14A (Rev	, 11/13) SEE REVER	SE FOR INSTRUCT	IONS AND CO	DE VALUES		