CAMPAIGN TREASURER'S REPORT SUMMARY							
1 Ted Inserta	<i>91</i> ₂						
Name (2) 912 Su) 19th St	OFFICE USE ONLY CITY OF FORT LAUDERDALE						
Address (number and street) City State Zin Code	3315 2023 JAN 26 PM 2: 55						
City, State, Zip Code ☐ Check here if address has changed	Military and the control of the cont						
(4) Check appropriate box(es):	(3) ID Number:						
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							
/E) Poner	4 Identifians						
Cover Period: From 1 / 1 / 22 To 1 / 25 23 Report Type: TR							
	pecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
Cash & Checks \$,,	Monetary Expenditures \$, ,						
Loans \$,,	Transfers to Office Account \$						
Total Monetary \$,,	Total Monetary \$						
In-Kind \$,,							
	(8) Other Distributions \$, OO						
(9) TOTAL Monetary Contributions To Date \$,, 929	(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.)							
certify that I have examined this report and it is true, correct, and complete:							
(Type name) Ted Insert □ Deputy Treasurer □ Deputy Treasurer □ Candidate □ Chairperson (only for PC and PTY)							
* Dod Inserra	* De l'aserra						
Signature	Signature						

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name	ied Ins	ena) I.D. Number				
(3) Cover Period 11, 4;22 through 1,25,23 (4) Page 1 of 1								
(5) Date (6) Sequence Number	(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)	(12)		
1 1						Amount		
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CAMPAIGN TREASURER'S REPORT – FUND TRANSFERS (2) I.D. Number (3) Cover Period through (4) Page _ (7) (5) (8) (9) (10) (11) Date Name of Financial (6) Institution Sequence Street Address & Transfer Nature of Number City, State, Zip Code Type Account Amount Amendment

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (1) Name (2) I.D. Number (2)								
(3) Cover Pe	riod 11/4/22through	1,25,23	(4) Page	of_	1			
(5) Date	(7) Full Name	(8) Purpose	(9)	(10)	(11)			
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount			
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CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS (1) Name (2) I.D. Number (3) **Cover Period** (4) Page of (5) Date (7) (8) (10) (11)(12) **Full Name** Purpose (6) (Last, Suffix, First, Middle) (add office sought if Sequence Street Address & contribution to a Related Distribution Number City, State, Zip Code candidate) **Expenditures Amendment Amount** Type

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES