CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Demetrius Petron	OFFICE USE ONLY						
Name 17777 Call Day 14	CITY CLERK						
(2) <u>3352 Eagle Pass St</u> Address (number and street)	24 JUN'24PH1:09:55						
Address (number and street) Nonth Pont FL 34280	CITY OF NORTH PORT						
City, State, Zip Code							
Check here if address has changed	(3) ID Number:						
 (4) Check appropriate box(es): ^A Candidate Office Sought: ^A Point Point Commissions Office Sought: ^A Point Commissions Office Sought: 							
	t Identifiers						
Cover Period: From $06/01/24$ To	06114124 Report Type: 2024P1						
□ Original							
(6) Contributions This Report	(7) Expenditures This Report						
Cash & Checks \$, ,	Monetary Expenditures \$,, <u>15</u> .00						
Loans \$,, 7 <u>95</u> . <u>21</u>	Transfers to Office Account \$, ,						
Total Monetary \$,,							
In-Kind \$,,.	Total Monetary \$,, <u>IS</u> . <u>OO</u>						
······································	(8) Other Distributions						
	\$,,						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date \$,2, <u>_640</u> .80						
(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)	(Type name) Demetrius Petron						
☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)						
X	× Demetricis Thetron						
Signature	Signature						

DS-DE 12 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS

			24 JUN'24PH1:10:04						
						CITY OF N	IORTH PORT		
CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS									
(1) Name <u>Demetrices Petron</u> (2) I.D. Number (3) Cover Period <u>6</u> 1 1 24 through <u>6</u> 1 <u>14</u> 1 <u>24</u> (4) Page <u>1</u> of <u>(</u>									
(3) Cover Perioc	<u> </u>	throu	ıgh <u>6</u> /	14,20	(4) Page	_/_	of		
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &		(8) ontributor	(9) Contribution	(10) In-kind	(11)	(12)		
Number 6,2,24	City, State, Zip Code Deme torus Petran 3352 Eagle Pass North Port FL 34286	Туре	Occupation	Type LOA	Description	Amendment	Amount \$795.21		
1 1									
1 1									
1 1									
1 1									
- <u>1</u>									

CITY CLERK

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CITY CLERK 24 JUN'24PM1:10:11

CITY OF NORTH PORT

(1) Name Demetivity Petron (2) I.D. Number								
(3) Cover Perio	d_6_//_24 through_6_/	14,24	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			
6 /5 /24	5/3 Bank 18120 Tamiami Thail Nonty Port, FL 34287	Checks	CAN	ADD	\$15			
_/ /								
//								
/ /								
/ /								
_ / _/								
_/ /								

DS-DE 14 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES