

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Andrew Sias
 Name
 (2) 2548 Oracle Lane
 Address (number and street)
North Port FL 34286
 City, State, Zip Code

OFFICE USE ONLY

CITY CLERK
 2 AUG 24 AM 9:17:53
 CITY OF NORTH PORT

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- | | | |
|--|----------------------|--|
| <input type="checkbox"/> Candidate | Office Sought: _____ | <input type="checkbox"/> Check here if PC or ECO has disbanded |
| <input type="checkbox"/> Political Committee (PC) | | <input type="checkbox"/> Check here if PTY has disbanded |
| <input type="checkbox"/> Electioneering Communications Org. (ECO) | | <input type="checkbox"/> Check here if no other IE or EC reports will be filed |
| <input type="checkbox"/> Party Executive Committee (PTY) | | |
| <input type="checkbox"/> Independent Expenditure (IE) (also covers an individual making electioneering communications) | | |

(5) Report Identifiers

Cover Period: From 6 / 15 / 24 To 6 / 30 / 24 Report Type: P2

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , _____ . _____

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

In-Kind \$ _____ , _____ , 112.63

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , _____ . _____

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

Total Monetary \$ _____ , 000 . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 4,328.38

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 2,841.88

(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:

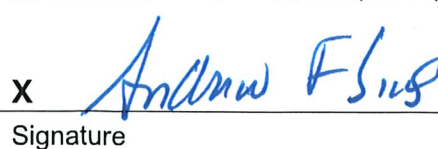
(Type name) Robert Sisson

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

X 
 Signature

(Type name) Andrew Sias

Candidate Chairperson (only for PC and PTY)

X 
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

CITY CLERK
2 AUG'24 AM 9:18:00

(1) Name Andrew Sims (2) I.D. Number _____
 (3) Cover Period 6 / 15 / 24 through 6 / 30 / 24 (4) Page _____ of _____

CITY OF NORTH PORT

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount	
(6) Sequence Number	Street Address & City, State, Zip Code							
6 / 26 / 24	Andrew Sims 2543 Oracle North Port FL	INK	CAN	INK	Pizza Rally		11263	
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