

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
 30 AUG 24 AM 9:21:00
 CITY OF NORTH PORT

Check here if address has changed (3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: _____

Political Committee (PC)

Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded

Party Executive Committee (PTY) Check here if PTY has disbanded

Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 8 11 0 1 2 4 To 8 1 2 3 1 2 4 Report Type: 61

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ ~~_____~~

Loans \$ ~~_____~~

Total Monetary \$ ~~_____~~

In-Kind \$ _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, 278. 15

Transfers to Office Account \$ _____

Total Monetary \$ _____, 278. 15

(8) Other Distributions
 \$ _____

(9) TOTAL Monetary Contributions To Date
 \$ _____, 8,928. 58

(10) TOTAL Monetary Expenditures To Date
 \$ _____, 5,718. 78

(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

[Signature]
 Signature

(Type name) ANDREW G. Sias

Candidate Chairperson (only for PC and PTY)

[Signature]
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name ANDREW SIAJ (2) I.D. Number _____
 (3) Cover Period 8/16/24 through 8/23/24 (4) Page _____ of _____

(5) Date	(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) Amendment	(11) Amount
(6) Sequence Number					
8/16/24	Venice Print Center 2021 TAMIAAMI TRAIL VENICE FL 34293	Palm Cards	Check Debit		263.15
8/16/24	North Port Chamber 14140 TAMIAAMI TRAIL NORTH PORT FL 34287	Breakfast Event	Check		15.00
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					

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 30 AUG 24 AM 9:21:22
 CITY OF NORTH PORT

To correct a previously submitted expenditure use the following drop/add procedure. Enter "DEL" in amendment type on a line with the sequence number of the expenditure to be corrected. In combination with the report number being amended, this sequence number will identify the expenditure to be dropped from your active records. On the next line enter "ADD" in amendment type and ALL of the required data with the necessary corrections thus replacing the dropped data. Assign the sequence number as described above.

(11) Amount of expenditure.

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30 AUG'24AM9:21:32
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