| CAMPAIGN TREASURER'S REPORT SUMMARY | | | | | | | |
|--|--|--|--|--|--|--|--|
| (1) Josh Smith | OFFICE USE ONLY | | | | | | |
| Name (2) 1656 Knotty Pine Ave. | CITY CLERK | | | | | | |
| (2) 1606 Knotty Ynl Alv. Address (number and street) | 12 SEP*24am8:40:22 | | | | | | |
| North Port FC 34288 City, State, Zip Code | CITY OF NORTH PORT | | | | | | |
| ☐ Check here if address has changed | (3) ID Number: | | | | | | |
| Check appropriate box(es): Candidate Office Sought: City Commission Diffice Commission Diffice Commission Diffice Commission Commis | | | | | | | |
| (5) Report | Identifiers | | | | | | |
| Cover Period: From $8 / 24 / 24$ To | 9 16 124 Report Type: 62 | | | | | | |
| Original Amendment Spe | cial Election Report | | | | | | |
| (6) Contributions This Report | (7) Expenditures This Report | | | | | | |
| Cash & Checks \$ <u>650</u> | Monetary Expenditures \$358.45 | | | | | | |
| Loans \$,, | Transfers to Office Account \$, , | | | | | | |
| Total Monetary \$, <u>\(\lambda \leq \O_{\cdot \O_{\cdot}} \)</u> | Total Monetary \$ 358.45 . | | | | | | |
| In-Kind \$3 <u>6.3</u> 9, | | | | | | | |
| | (8) Other Distributions \$, , | | | | | | |
| (9) TOTAL Monetary Contributions To Date | (10) TOTAL Monetary Expenditures To Date \$, _2 481.90. | | | | | | |
| (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, corn | ect, and complete: | | | | | | |
| (Type name) Kryffyg Smtth ☐ Individual (only for lE or electioneering comm.) | (Type name) Josh Smith Candidate Chairperson (only for PC and PTY) | | | | | | |
| x Kyptina Swith Signature | X C. Signature | | | | | | |

CITY CLERK

12 SEP'24AH8:40:28
CITY OF NORTH PORT

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

| (1) Name Josh | Sm | ith | | E. | | | _ (2) I. | .D. Number | | |
|------------------|----|-----|-----|---------|---|----|----------|------------|------------|---|
| (3) Cover Period | 8 | 124 | 124 | through | 9 | 16 | 124 | (4) Page | _ of _ | 1 |

| (5) | (7) | | (8) | (9) | (10) | (11) | (12) |
|-----------------------------------|--|------------|--|----------------------|-----------------------------|-----------|-----------|
| Date (6) Sequence Number | Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | Co Type | ontributor Occupation | Contribution Type | In-kind Description | Amendment | Amount |
| 8,28,24 | Josh Smith 1606 Knotty Pine Auc. North Port PC34288 | S | Business Owner | CHE | | | 8400.00 |
| 9,5,24 | 2272 Chynn Awl. North Port FL 34286 | I | Retired | INL | Gonlla tape for signs | | \$36.34 |
| 9,6,24 | Frank and Nancy DeCarto 4261 Cuthbert Ave. North Bott, FL 34287 | I | Chewagos Unugay Californo Californo | CHE | | | \$50.00 |
| 9,6,24 | Se and Kandy Balmen 2272 Chynn Ave. North Pott, FL 34281 | 1 | Retired | CHE | | | \$ 100,00 |
| 9,6,24 | Janice Wilbert 3118 Zovatoc Ave. North Port, FL3428k | I | Retired | CHE | | | g 100,00 |
| | | | | | | | |
| 1 1 | | | | | | | |

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

| (1) Name JOSA SMITH (2) I.D. Number (2) I.D. Number (3) Cover Period (4) Page of (4) Page of (4) Page | | | | | | | | |
|---|--|--|----------------------------|------|---------------------|--|--|--|
| (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) Amount | | | |
| 8 /29/24 | Jackson Signs + Tshirt 1109 Tamiami Trl Unit-3 Port Charlotte, FL 33953 | Compaign Signs | CAN | | ¹ 359.45 | | | |
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