

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Demetrius Petron  
 Name  
 (2) 3352 Eagle Pass St  
 Address (number and street)  
North Port, FL 34286  
 City, State, Zip Code

OFFICE USE ONLY

CITY CLERK

18 SEP'24 PM 2:40:07

CITY OF NORTH PORT

Check here if address has changed

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate Office Sought: North Port Commissioner, Dist 1

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

### (5) Report Identifiers

Cover Period: From 8/24/24 To 9/6/24 Report Type: G2

Original

Amendment

Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_

Loans \$ \_\_\_\_\_ 50.00

Total Monetary \$ \_\_\_\_\_

In-Kind \$ \_\_\_\_\_

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_ 50.00

Transfers to Office Account \$ \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_

### (8) Other Distributions

\$ \_\_\_\_\_

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ 3,304.96

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ 2,690.80

### (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)

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

**X**

Signature

(Type name)

Candidate  Chairperson (only for PC and PTY)

**X** Demetrius Petron

Signature

**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name Demitrius Petron (2) I.D. Number \_\_\_\_\_

(3) Cover Period 8, 24, 24 through 9, 6, 24 (4) Page 1 of 1

(5) Date	(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) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
8, 24, 24	Demitrius Petron 3352 Eagle Pass St. North Port FL			LOA			\$ 25
1							
8, 24, 24	Demitrius Petron 3352 Eagle Pass St North Port FL			LOA			\$ 25
2							
/ /							
/ /							
/ /							
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Demetrius Petron (2) I.D. Number \_\_\_\_\_  
 (3) Cover Period 8, 24, 24 through 9, 6, 24 (4) Page 1 of 1

(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
8/24/24	North Port Farmers' Market Reich Holdings LLC 1440 Dixie Ln North Port FL 34289	promotional	CAN		\$25
1					
8/31/24	North Port Farmers' Market LLC Reich Holdings 1440 Dixie Ln North Port FL 34289	promotional	CAN		\$25
2					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					