

CAMPAIGN TREASURER'S REPORT SUMMARY

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

OFFICE USE ONLY

CITY CLERK
 27 SEP'24 AM 11:22:35
 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 9, 7, 24 To 9, 20, 24 Report Type: G3
 Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, _____
 Loans \$ _____, _____, 222.53
 Total Monetary \$ _____, _____, _____
 In-Kind \$ _____, _____, _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 222.53
 Transfers to Office Account \$ _____, _____, _____
 Total Monetary \$ _____, _____, _____

(8) Other Distributions
 \$ _____, _____, _____

(9) TOTAL Monetary Contributions To Date
 \$ _____, 3,527.49

(10) TOTAL Monetary Expenditures To Date
 \$ _____, 2,913.33

(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) Demetrius Petrow
 Candidate Chairperson (only for PC and PTY)

X Demetrius Petrow
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Dimitrios Petron

(2) I.D. Number _____

(3) Cover Period 9, 7, 24 through 9, 20, 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
9/17/24	Vista Point 100 Hayden Ave Lexington, MA 02421	Promotional	Disposition of funds		\$116.62
1					
9/20/24	Vista Point 100 Hayden Ave Lexington, MA 02421	Promotional	Disposition of funds		\$105.91
2					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Demetrius Petron (2) I.D. Number _____

(3) Cover Period 9, 7, 24 through 9, 20, 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		Amount
9, 7, 24	Demetrius Petron 3352 Eagle Pass St North Port FL 34286			LOA			\$ 116.62
1							
9, 20, 24	Demetrius Petron 3352 Eagle Pass St North Port FL 34286			LOA			\$ 105.91
1							
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