

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Barbara A. Langdon
 Name
 (2) 4086 Billingham Lane
 Address (number and street)
North Port, FL 34288
 City, State, Zip Code

OFFICE USE ONLY
 CITY CLERK
 24 SEP'24 PM 12:27:41
 CITY OF NORTH PORT

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: North Port City Commission - District 2
- 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 09 / 07 / 2024 To 09 / 20 / 2024 Report Type: G3

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 50 . 00

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 50 . 00

In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 490 . 28

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

Total Monetary \$ _____ , _____ , 490 . 28

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

(9) TOTAL Monetary Contributions To Date
 \$ _____ , 19 , 793 . 52

(10) TOTAL Monetary Expenditures To Date
 \$ _____ , 15 , 327 . 49

(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

Barbara A. Langdon
 Signature

(Type name) _____
 Candidate Chairperson (only for PC and PTY)

Barbara A. Langdon
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Barbara Langdon (2) I.D. Number _____

(3) Cover Period 09 / 07 / 24 through 09 / 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
09 / 12 / 2024	Donald Richardson 6704 Dennison Ave. North Port, FL 34287	I	retired	C			\$ 50.00
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/ /							
/ /							
/ /							
/ /							
/ /							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Barbara Langdon

(2) I.D. Number _____

(3) Cover Period 09 / 07 / 2024 through 09 / 20 / 2024

(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
(6) Sequence Number					
09 / 08 / 24	Pink Tequila 1163 N. Toledi Blade North Port, FL34288	Volunteer lunch			
01			CAN		\$ 162.97
09 / 11 / 24	Venice Print Center 2021 S. Tamiami Venice, FL 34293	Postcard reprints			
02			CAN		102.65
09 / 17 / 24	Venice Print Center 2021 S. Tamiami Venice, FL 34293	Campaign hats for volunteers			
03			CAN		224.66
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