CAMPAIGN TREASURER'S REPORT SUMMARY				
(1) Josh Smith	OFFICE USE ONLY			
Name (2) 1606 Knotty Pine Awe. Address (number and street) North Port FL 34788 City, State, Zip Code	CITY CLERK 25 SEP'24PH4:32:03 CITY OF NORTH PORT			
Check here if address has changed	(3) ID Number:			
Check appropriate box(es): Candidate Office Sought: 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 / 29 To Original Amendment Specific	9 / 20 / 29 Report Type: 63			
Cash & Checks \$,,	(7) Expenditures This Report Monetary Expenditures \$			
Total Monetary \$,	Transfers to Office Account \$,, Total Monetary \$ 332-65 ,			
In-Kind \$(<u>0</u> 0, 00,	(8) Other Distributions			
(9) TOTAL Monetary Contributions To Date \$3,011.34,	(10) TOTAL Monetary Expenditures To Date			
(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.) (Type name) (Typ				
X MOTHE MUTH	Signature			

CITY OF NORTH PORT

(1) Name (2) I.D. Number						
(1) Name JOSA JMITH	(2) I.D. Number					
(3) Cover Period 9 17 124 through 9 120 124	(4) Page of					

	(7)	(0)	(0)	(40)	(44)
(5) Date	(7) Full Name	(8)	(9)	(10)	(11)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
9/12/24	941 Apparel Sale 2441 Saybrook Ave. North Port, FL 34286	tshirts	CAN		258.68
9/16/24	Home Depot 18000 Tamiami Tril North Port PC 34287	Stakes for signs	CAN		62.57
9/19/24	Chale Bank 17499 Tamiami Trl North Port, FL 34287	account rervice fee	CAN		12.00
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CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS THE PORT

(1) Name <u>bs</u>	h Smith	(2) I.D. Number						
(3) Cover Period 9 / 7 / 24 through 9 / 20 / 24 (4) Page / of /								
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)	
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Туре	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount	
9,19,24	Kryptina Smith 1600 Knotly Pine Ane. North Port FU	I	Clinical Restarch Maragen	INK	Flyer		100.00	
1	North Port FL 37288	34°	Manager		disign	·	• •	
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES