CAMPAIGN TREASURER'S REPORT SUMMARY						
(1) Demetrius Petron	OFFICE USE ONLY					
Name 3352 Eagle Pass SC	10111124					
Address (number and street)	— 10:31 am					
North Port FL 34286	,					
City, State, Zip Code						
Check here if address has changed	(3) ID Number:					
(4) Check appropriate box(es):    Candidate   Office Sought:						
(5) Report Identifiers						
Cover Period: From $\frac{q}{2}$ / $\frac{21}{24}$ / $\frac{24}{1000}$ To $\frac{10}{24}$ / $\frac{124}{1000}$ Report Type: $\frac{64}{1000}$						
Original Amendment Spe	ecial Election Report					
(6) Contributions This Report	(7) Expenditures This Report					
Cash & Checks \$ , ,	Monetary Expenditures \$ , , 75.00					
Loans \$,, <u>25</u> . <u>OO</u>	Transfers to Office Account \$ , ,					
Total Monetary \$ , ,	Tatal Manatani, C					
In-Kind \$ , , .	Total Monetary \$ , ,					
	(8) Other Distributions					
	\$ ,					
(9) TOTAL Monetary Contributions To Date \$,	(10) TOTAL Monetary Expenditures To Date \$,2_, 93833					
(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)	(Type name) Demetvius Petron					
☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer	Candidate					
or electioneering comm.)	A total					
X	x / femel russ efor					
Signature	Signature					

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Denutrius Petron				(2) I.D. Number			
(3) Cover Period 9 / 21 / 24 through 10 / 04 / 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	Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount	
9,21,24	Demetures Petron 3>52 Eagle Pass St North Port Pl			LOA			\$25	
1 1	34286							
1 1								
1 1								
1 1								
1 1								
1 1								

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name \_\_\_\_\_ (2) I.D. Number \_\_\_\_\_ (3) Cover Period 9 / 21 / 24 through 10 /04 / 24 (4) Page \_\_\_\_ of (11) (10) (9) (8) (7) (5) **Purpose** Date **Full Name** (add office sought if (Last, Suffix, First, Middle) Expenditure (6) contribution to a Street Address & Type **Amount** Sequence Amendment candidate) City, State, Zip Code Number Promotional