

# CAMPAIGN TREASURER'S REPORT SUMMARY

(1) ANDREW SIAS  
 Name  
 (2) 2518 Oracle Lane  
 Address (number and street)  
North Port FL 34286  
 City, State, Zip Code

**OFFICE USE ONLY**

CITY CLERK  
 15 OCT '24 AM 10:08:05  
 CITY OF NORTH PORT

Check here if address has changed (3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate Office Sought: \_\_\_\_\_

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 9, 21, 24 To 10, 1, 24 Report Type: 64

Original  Amendment  Special Election Report

(6) **Contributions This Report**

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

Loans \$ ~~\_\_\_\_\_~~

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

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

(7) **Expenditures This Report**

Monetary Expenditures \$ \_\_\_\_\_, 123. 20

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

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

(8) **Other Distributions**

\$ \_\_\_\_\_, 0. 07. 00

(9) **TOTAL Monetary Contributions To Date**

\$ \_\_\_\_\_, 14. 698. 58

(10) **TOTAL Monetary Expenditures To Date**

\$ \_\_\_\_\_, 10. 177. 85

### (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) Robert Sisson

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

[Signature]  
 Signature

(Type name) Andrew Sias

Candidate  Chairperson (only for PC and PTY)

[Signature]  
 Signature

### CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name ANDREW SINT

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 9, 20, 24 through 1 1

(4) Page ( 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
9/30/24	US Post Office 4975 City Hall North Port FL	Stamps	Debit		123.30
1 1					
1 1					
1 1					
1 1					
1 1					
1 1					
1 1					
1 1					