| CAMPAIGN TREASURE | R'S REPORT SUMMARY | | | |
|---|--|--|--|--|
| (1) ANDREW SIAS | OFFICE USE ONLY | | | |
| Name 2548 Oracle Lane Address (number and street) North Port FL 342 | who was a file lead to see the thCITY CLERKob. some hard and see to be at the add an incidence of the see to be at the see the see the see th | | | |
| City, State, Zip Code Check here if address has changed Check appropriate box(es): Candidate Office Sought: | (3) ID Number: Out Commissioner #3 | | | |
| ☐ 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 | | | |
| | Identifiers (a) Contributions (a) | | | |
| Cover Period: From 101 65 / 24 To | 101 18 1 24 Report Type: 65 | | | |
| Original Amendment Spe | ecial Election Report | | | |
| (6) Contributions This Report Cash & Checks \$,/,/,/ | (7) Expenditures This Report Monetary Expenditures \$, 3,312.00 | | | |
| Loans redicted \$ house , of both , house | Office Account 19 \$ 0 | | | |
| Total Monetary \$,/, | Total Monetary \$, 3,3/2.00 | | | |
| e an eampaign depository is opened through the | (8) Other Distributions \$, | | | |
| (9) TOTAL Monetary Contributions To Date \$,/\darksquare \begin{array}{c} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ | (10) TOTAL Monetary Expenditures To Date | | | |
| It is a first degree misdemeanor for any personal certify that I have examined this report and it is true, con (Type name) Individual (only for IE or electioneering comm.) | son to falsify a public record (ss. 839.13, F.S.) | | | |

| | Instructions for Campaign Treasurer's Report Summary | | | | | | |
|-------------------|--|--|--|--|--|--|--|
| (1) | Name: full name of the candidate, political committee, party executive committee, electioneering communications organization, or individual making an independent expenditure or electioneering communication. | | | | | | |
| (2) | Address: the full address or post office box, city, state, and zip code. Check the box if the address has changed since the last report filed. | | | | | | |
| (3) | ID Number: identification number assigned by the filing officer. | | | | | | |
| (4) | Check the appropriate box(es). | | | | | | |
| (5) | Report Identifiers | | | | | | |
| | Cover Period: the dates this report covers (i.e., From <u>1/1/15</u> To <u>1/31/55</u>). <u>Important</u> : use the appropriate cover period dates as published by the filing officer. | | | | | | |
| | Report Type: refer to the filing officer's calendar of reporting dates for the correct codes to be used for each reporting period. If report is for a <u>special election</u> add "S" in front of the report code (i.e., <u>SG3</u>). Check one of the appropriate boxes: | | | | | | |
| | ☐ Original: first report filed for this reporting period. | | | | | | |
| | ☐ Amendment: must summarize only contributions/fund transfers and expenditures/distributions being reported as additions or deletions. Read instructions for sequence numbers and amendment types on the back of Forms DS-DE 13A and 14A. | | | | | | |
| | □ Special Election Report: Important: once a special election report is filed, the entity is required to file all remaining reports due for the special election. | | | | | | |
| (6) | Contributions This Report: | | | | | | |
| | Cash and Checks: total amount for this reporting period. Loans: total amount for this reporting period. Total Monetary: sum of Cash and Checks and Loans. In-Kind: the fair market value of the in-kind contribution at the time it is given for this reporting period. | | | | | | |
| (7) | Expenditures This Report: | | | | | | |
| * <i>1</i> | Monetary Expenditures: total amount of monetary expenditures for this reporting period. Transfers to Office Account: total amount transferred to an office account by elected candidates only. Total Monetary: sum of Monetary Expenditures and Transfers to Office Account. | | | | | | |
| (8) | Other Distributions: the total amount of goods and services contributed to a candidate or other committee by a PC, ECO, or PTY. | | | | | | |
| (9) | TOTAL Monetary Contributions To Date: the amount of total monetary contributions to date. Candidates keep cumulative totals from the time the campaign depository is opened through the termination report. | | | | | | |
| (10) | TOTAL Monetary Expenditures To Date: the amount of total monetary expenditures to date. Candidates keep cumulative totals from the time the campaign depository is opened through the termination report. | | | | | | |
| (11) | Type or print the required officer's name and have them sign the report: | | | | | | |
| \$ ₁ . | ☐ Candidate report: treasurer and candidate must sign. | | | | | | |
| | □ PC report: treasurer and chairperson must sign. □ PTY report: treasurer and chairperson must sign. | | | | | | |
| | ☐ ECO report: organization's treasurer must sign. | | | | | | |
| | □ IE or EC report; individual must sign (this applies when an individual acts alone to make these expenditures) | | | | | | |
| | AMENDMENT REPORTS: An amendment report summary should summarize only contributions, expenditures, distributions, & fund transfers being reported as additions or deletions. Read the instructions for the sequence number & amendment type fields on the back of forms DS-DE 13, 14, 14A and 94. | | | | | | |

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CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

| (1) Name | | HNDREW | F 5 | - S/Af (2) I.D. Number | | | | | | |
|--------------------|-----|--|-----------------------------|------------------------|----------------------|------------------------|-----------|---------|--|--|
| (1) Name | | | | | | | | | | |
| (5) Date (6) | | (7) Full Name (Last, Suffix, First, Middle) | (8) | | (9) | (10) | (11) | (12) | | |
| Sequence Number | | Street Address & City, State, Zip Code | Contributor Type Occupation | | Contribution Type | In-kind Description | Amendment | Amount | | |
| 10,4 | ,24 | 3outh Count Conservativ 1103 HAYS Tallahassee | 1 30 | PAC. | () Heck | | | 1000,00 | | |
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGNTREASURER'S REPORT - ITEMIZED EXPENDITURES
(2) LD Number (1) Name _ (2) I.D. Number_ 24 through 10,18,24 (4) Page ____ (7) (11) (8) (9) (10)(5) Date **Full Name Purpose** (Last, Suffix, First, Middle) (add office sought if (6) Expenditure Street Address & contribution to a Sequence Type City, State, Zip Code candidate) **Amendment Amount** Number Meshane LLC Ads
6950 OBANNON Dr FACE BOOK
LAB Vieyes NV 39117 HOO
CARDWARE
1244 JAC aranda Blud Stamps 10/22/24 1100,00 Debit 112,6 Nenice FL 34. MCShawE 6950 OBannon Dr +100 Advertising Debit McShawE 2100,00 Las Vagas NV 99117