

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Josh Smith
 Name
 (2) 1606 Knotty Pine Ave.
 Address (number and street)
North Port FL 34288
 City, State, Zip Code

OFFICE USE ONLY
 CITY CLERK
 25 OCT 24 AM 10:07:15
 CITY OF NORTH PORT

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: 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 10 / 5 / 24 To 10 / 18 / 24 Report Type: GS

Original Amendment Special Election Report

(6) Contributions This Report

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

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , 0.00 . _____

In-Kind \$ 682.89 . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , 8.55 . _____

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

Total Monetary \$ _____ , 8.55 . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ 4,094.23 . _____

(10) TOTAL Monetary Expenditures To Date

\$ 2,895.86 . _____

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

X Krystina Smith
 Signature

(Type name) Josh Smith
 Candidate Chairperson (only for PC and PTY)

X [Signature]
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS NORTH PORT

(1) Name Josh Smith (2) I.D. Number _____

(3) Cover Period 10 / 5 / 24 through 10 / 18 / 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
(6) Sequence Number		Type	Occupation	Type	Description		Amount
10 / 5 / 24	William English 6446 Berdette Ter. North Port FL 34287	I	Retired	INCL	2 tents for candidate events		\$278.00 \$278.18
1	KS 5416 24 Oct 2024						KS 24 Oct 2024
10 / 6 / 24	Sue and Randy Balmer 2272 Chynn Ave. North Port FL 34286	I	Retired	INCL	Bubbles, game and flags for candidate events		\$50.00
2							
10 / 7 / 24	Pam Tokarz 5903 Reistertown Rd North Port FL 34291	I	Retired	INCL	Halloween toys for candidate events		\$73.48
3	KS 24 Oct 2024						
10 / 18 / 24	Sue and Randy Balmer Pam Tokarz 5903 Reistertown Rd. North Port FL 34288	I	Retired	INCL	Candidate literature print-outs		\$180.73
4							
10 / 18 / 24	Krystine Smith 16066 Knotty Pine Ave. North Port FL 34288	I	Clinical Research Managen	INCL	Resume flyer design		\$100.00
5							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Josh Smith (2) I.D. Number _____
 (3) Cover Period 10, 5, 24 through 10, 18, 24 (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					
10/7/24	Amazon online	Candidate Event Items	CAN		8.55
1					
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