

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Cheryl Cook
 Name
 (2) PO BOX 1211
 Address (number and street)
 Venice, FL 34284
 City, State, Zip Code

OFFICE USE ONLY

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

(4) Check appropriate box(es):
 Candidate Office Sought: North Port City Commissioner, 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 6/1/24 / ____ / ____ To 6/14/24 / ____ / ____ Report Type: PI
 Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ 540.00 , ____ . ____
 Loans \$ ____ , ____ , ____ . ____
 Total Monetary \$ 540.00 , ____ . ____
 In-Kind \$ ____ , ____ , ____ . ____

(7) Expenditures This Report

Monetary Expenditures \$ 420.84 , ____ . ____
 Transfers to Office Account \$ ____ , ____ , ____ . ____
 Total Monetary \$ 420.84 , ____ . ____

(8) Other Distributions
 \$ ____ , ____ , ____ . ____

(9) TOTAL Monetary Contributions To Date
 \$ 540.00 , ____ , ____ . ____

(10) TOTAL Monetary Expenditures To Date
 \$ 420.84 , ____ , ____ . ____

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

X [Signature]
 Signature

(Type name) Cheryl Cook
 Candidate Chairperson (only for PC and PTY)

X [Signature]
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Cheryl Cook (2) I.D. Number _____

(3) Cover Period 6/1/24 / ____ / ____ through 6/14/24 / ____ / ____ (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
6/13/24 / / 1	DiFranco, Rhonda exempt Law Enforcement	I	exempt	cas			\$400
6/13/24 / / 2	Dobrin, Victor 20327 Reale Circle Venice, Florida 34284	I	retired	cas			\$140
/ /							
/ /							
/ /							
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/ /							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Cheryl Cook (2) I.D. Number _____

(3) Cover Period 6/1/24 / ____ / ____ through 6/14/24 / ____ / ____ (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
6/13/24 / 1	North Port Clerk's Office	Filing Fee	che		420.84
6/13/24 2	Supervisor of Clerks	Verify Signatures	CAS		3.30
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