

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Barbara A. Langdon
 Name
 (2) 4086 Billingham Lane
 Address (number and street)
North Port, FL 34288
 City, State, Zip Code

OFFICE USE ONLY

CITY CLERK

2 JUL '24 AM 10:03:30

CITY OF NORTH PORT

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: North Port 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 06 / 01 / 2024 To 06 / 14 / 2024 Report Type: 2024P2

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 00 . 00

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 00 . 00

In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 137 . 31

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

Total Monetary \$ _____ , _____ , 137 . 31

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 15 , 843 . 52

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 7 , 328 . 72

(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) _____

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

X _____

Signature

(Type name) Barbara A. Langdon

Candidate Chairperson (only for PC and PTY)

X 

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Barbara Langdon

(2) I.D. Number _____

(3) Cover Period 06 / 01 / 2024 through 06 / 14 / 2024

(4) Page 1 of 1

(5) Date	(6) Sequence Number	(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
06 / 11 / 2024	01	City of North Port 4970 City Hall Blvd. North Port, FL 34286	Candidate assessment	CAN		\$ 420.84
06 / 09 / 2024		Staples 1824 Tamiami Trail Port Charlotte, FL 33948	Office supplies	CAN		128.38
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Barbara A. Langdon (2) I.D. Number _____
 (3) Cover Period 06 / 15 / 2024 through 06 / 28 / 2024 (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
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