

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Cheryl Lee
 Name
 (2) PO Box 1211
 Address (number and street)
Waverly Fl 34284
 City, State, Zip Code

OFFICE USE ONLY

CITY CLERK

12 JUL '24 AM 11:57:49

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)
- 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

(5) Report Identifiers

Cover Period: From 7, 10, 24 To 7, 12, 24 Report Type: R3

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, _____

Loans \$ _____, _____, _____

Total Monetary \$ _____, _____, _____

In-Kind \$ _____, _____, 159.21

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, _____

Transfers to Office Account \$ _____, _____, _____

Total Monetary \$ _____, _____, _____

(8) Other Distributions

\$ _____, _____, _____

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, 699.21

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 424.14

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

X [Signature]
 Signature

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

X [Signature]
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

12 JUL '24 AM 11:57:57

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

(3) Cover Period 7, 6, 24 through 7, 18, 24 (4) Page 1 of 1

CITY OF NORTH PORT

(5) Date	(6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
			Type	Occupation				
0, 0, 1	7-6-24	Rhonda DIFranco		Agent	INL	plurals		77.82
0, 0, 2	7-6-24	Rhonda DIFranco		Agent	INIC	cards		21.39
0, 0, 3	7-8-24	Westview Republcan Club			INL	Candidate meeting fees		10.00
0, 0, 4	7-8-24	Cheryl I Cook Box 1211 Vero, FL		Candidate	up cycle	Signs		50.00
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Mary Cook

(2) I.D. Number _____

(3) Cover Period 7, 6, 24 through 7, 17, 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
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