

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) ANDREW F SIAS

(2) Name 2548 Oracle

Address (number and street) North Port FL 34286

City, State, Zip Code

OFFICE USE ONLY
 CITY CLERK
 19 JUL '24 AM 9:16:14
 CITY OF NORTH PORT

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- | | |
|--|--|
| <input type="checkbox"/> Candidate Office Sought: _____ | <input type="checkbox"/> Check here if PC or ECO has disbanded |
| <input type="checkbox"/> Political Committee (PC) | <input type="checkbox"/> Check here if PTY has disbanded |
| <input type="checkbox"/> Electioneering Communications Org. (ECO) | <input type="checkbox"/> Check here if no other IE or EC reports will be filed |
| <input type="checkbox"/> Party Executive Committee (PTY) | |
| <input type="checkbox"/> Independent Expenditure (IE) (also covers an individual making electioneering communications) | |

(5) Report Identifiers

Cover Period: From 7/1/24 To 7/15/24 Report Type: P3

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 200.00

Loans \$ _____, 1,000.00

Total Monetary \$ _____, 1,200.00

In-Kind \$ _____, _____, _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, 1,020.21

Transfers to Office Account \$ _____, _____, _____

Total Monetary \$ _____, 1,020.21

(8) Other Distributions
 \$ _____, _____, _____

(9) TOTAL Monetary Contributions To Date
 \$ _____, 5,528.38

(10) TOTAL Monetary Expenditures To Date
 \$ _____, 3,862.09

(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) Robert J. Sisco

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

[Signature]
 Signature

(Type name) Andrew F Sias

Candidate Chairperson (only for PC and PTY)

[Signature]
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name ANDREW K SIAF (2) I.D. Number CITY OF NORTH PORT
 (3) Cover Period 7, 1, 24 through 7, 15, 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
7/1/24	Kim Henderson	Key Chains	Check		150.00 150.00
7/3/24	Venice Print Center	Palm Cards	Debit		81.25
7/5/24	Venice Print Center	Political Printing Card etc	Debit		216.00
7/5/24	Venice Print Center	Fourth July Fan, Handouts	Debit		472.90
7/10/24	North Port Chamber 14140 Tamiami Trail North Port FL	Business Expo fees			100.00
1/1					
1/1					
1/1					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

CITY CLERK

19 JUL'24 AM 9:16:37

(1) Name ANDREW SIAS

(2) I.D. Number _____

(3) Cover Period 7, 1, 24 through 7, 15, 24

CITY OF NORTH PORT

(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
7, 8, 24	Lorraine Matthews 4162 Corve Hwy North Port FL		Realtor	Check			100.00
7, 8, 24	Michael + Marina Patricoski 5927 Estates Dr North Port FL 34291		Retired Dentist	Check			50.00
7, 8, 24	Ann Bunting PO Box 413 Venice FL 34294		Retired	Check			100.00
7, 8, 24	ANDREW SIAS 2548 Oracle North Port FL 34226		Tele Comm Candidate	Loan			1000.00
/ /							
/ /							
/ /							

INSTRUCTIONS FOR CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

- (1) Candidate's full name or name of the political committee (PC), electioneering communications organizations (ECO) or party executive committee (PTY).
- (2) The identification number assigned by the filing officer.
- (3) Cover period dates (e.g., 1/1/15 through 1/31/15). (See filing officer's reporting dates calendar for appropriate year and cover periods.)
- (4) Page numbers (e.g., 1 of 3).
- (5) Date contribution was RECEIVED (Month/Day/Year).
- (6) **Sequence Number** – Each detail line shall have a sequence number assigned to it. Sequence numbers are to be assigned within each reporting period and for each type of detail line. Thus the report type, detail line type, and sequence number will combine to uniquely identify a specific contribution, expenditure, distribution or fund transfer. This method of unique identification is required for responding to requests from the filing officer and for reporting amendments.
For example, a M1 report having 75 contributions would use sequence numbers 1 through 75. The next report (M2), comprised of 40 contributions would use sequence numbers 1 through 40. Contributions on amended M1 reports would begin with sequence number 76 and on amended M2 reports would begin with sequence number 41. See the *Amendment Type* instructions below.
- (7) Type full name and address of contributor (including city, state and zip code).
- (8) Enter the type of contributor using one of the following codes:
Occupation of contributor for **contributions over \$100 only**. (If a business, please indicate nature of business.)

I	Individual	
B	Business	(also includes corporations, organizations, groups, etc.)
E	Electioneering Communications Organizations	
F	Political Committee	(federal or state)
P	Political Parties	(includes federal, state and county executive committees)
O	Other	(e.g., candidate surplus funds to party, etc.)
S	Candidate to Self	

- (9) Enter Contribution Type using one of the following codes:
NOTE: Cash includes cash and cashier's checks.

Code	Description
CAS	Cash or Cashier's Check
CHE	Check
COF	Carryover Funds from Previous Campaign
INK	In-Kind
INT	Interest
LOA	Loan
MO	Money Order
MUC	Multiple Uniform Contributions
RCT	Other Receipts
REF	Refund (Negative Amount Only)