

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 JUL '24 AM 8:22:42
 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) Check here if PC or ECO has disbanded
- Electioneering Communications Org. (ECO) Check here if PTY has disbanded
- Party Executive Committee (PTY) Check here if no other IE or EC reports will be filed
- Independent Expenditure (IE) (also covers an individual making electioneering communications)

(5) Report Identifiers

Cover Period: From 7 / 13 / 24 To 7 / 19 / 24 Report Type: P4

Original Amendment Special Election Report

(6) Contributions This Report

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

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , 0.00 . _____

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , 12.00 . _____

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

Total Monetary \$ _____ , 12.00 . _____

(8) Other Distributions ^{15 23/07/24}
 \$ _____ , ~~1,435.58~~ _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 1,725.00 _____

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 1,435.58 _____

(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 EXPENDITURES

(1) Name Josh Smith

(2) I.D. Number _____

(3) Cover Period 7, 13, 24 through 7, 19, 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					
7/18/24	Chase Bank 17499 Tamiami Trl North Port FL 34287	Account service fee	CAN		12.00
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