	CAMPAIGN TREASURER'S REPORT SUMMARY						
(1)	David Louis Duval	OFFICE USE ONLY					
	Name	CXTY CLERK					
(2)	1270 Oregon Lane	7 AUG'24Px2:03:25					
	Address (number and street) North Port, Florida 34286	CITY OF NORTH PORT					
	City, State, Zip Code						
	Check here if address has changed	(3) ID Number:					
(4)	Check appropriate box(es):						
☑ Candidate Office Sought: City Commission Seat 3							
 ☐ 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 fi							
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(5) Report Identifiers							
Cov	rer Period: From 07 / 27 / 2024 To	08 / 02 / 2024 Report Type: P6					
☐ Original ☐ Amendment ☐ Special Election Report							
(6)	Contributions This Report	(7) Expenditures This Report					
Cas	h & Checks \$, ,	Monetary Expenditures \$, , 34 . 00					
Loans \$, ,		Transfers to Office Account \$, , .					
Total Monetary \$, ,		Total Monetary \$, , 34 . 00					
In-Kind \$,							
		(8) Other Distributions \$, ,					
(0)	TOTAL Manatary Contributions To Data	(40) TOTAL Monotony Evnenditures To Date					
(9)	TOTAL Monetary Contributions To Date \$, 50 , 00	(10) TOTAL Monetary Expenditures To Date \$, 1 , 330 10					
	,,	,,					
(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)} David Louis Duval	_(Type name) David Louis Duval					
	☐ Individual (only for IE ☑ Treasurer ☐ Deputy Treasurer r electioneering comm.)	☑ Candidate ☐ Chairperson (only for PC and PTY)					
<u>)</u>	Signature	X Navil Louis Nuval Signature					

CITY CLERK
7 AUG'24PK2:05:40
CITY OF NORTH PORT

) Name David		(2	2) I.D. Number 1) Page		
) Cover Perio	d ⁰⁷ / ²⁷ / ²⁰²⁴ through ⁰⁸				
(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
1	Reich, Jake 1314 East Venice Ave., Venice, Fl. 34285	Table space at Shop Local Saturday Event Check number 1006 Coffee and Lemon Ice	CAN		\$34.00
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