

## 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  
 8 AUG'24 AM 9:00:14  
 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)
- 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 / 27 / 24 To 8 / 2 / 24 Report Type: PL6

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_

Loans \$ \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_ 0.00 \_\_\_\_\_

In-Kind \$ \_\_\_\_\_

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_

Transfers to Office Account \$ \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_ 0.00 \_\_\_\_\_

### (8) Other Distributions

\$ \_\_\_\_\_

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ 2,225.00 \_\_\_\_\_

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ 2,123.45 \_\_\_\_\_

### (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)

[Signature]  
 Signature