

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Andrew F Sias
 Name
2548 oracle lane
 Address (number and street)
North Port Fl 34286
 City, State, Zip Code

OFFICE USE ONLY
 CITY CLERK
 20 JUN '24 AM 8:41:24
 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 5/1/24 / _____ To 5/31/2024 / _____ Report Type: q2

Original Amendment Special Election Report

(6) Contributions This Report

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

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

In-Kind \$ 3.00 , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ 319.86 , _____ . _____

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

Total Monetary \$ _____ , 1,210.50 . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 3,470.75 . _____

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 2,421.04 . _____

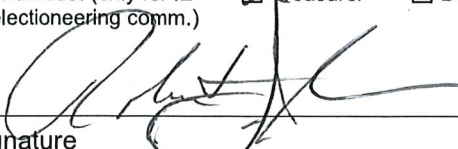
(11) Certification

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:

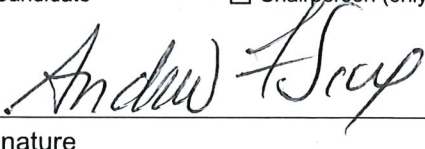
(Type name) robert sisson

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

X 
 Signature

(Type name) Andrew F Sias

Candidate Chairperson (only for PC and PTY)

X 
 Signature

CITY CLERK
20 JUN '24 AM 8:41:46
CITY OF NORTH PORT

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name ANDREW F. SIAS (2) I.D. Number _____
 (3) Cover Period 5, 1, 24 through 5, 31, 24 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description	Amendment	Amount
5, 31, 24	ANDREW F. SIAS 2548 Oracle North Port FL 34286		CANDIDATE	INR	Signature Verification Sarasota Board Election		3.00
/ /							
/ /							
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name ANDREW L. SIAP (2) I.D. Number _____
 (3) Cover Period 5, 1, 24 through 5, 31, 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
5/17/24	Venice Print Center 2021 TAMiami Trail Venice FL 34293		Debit	✓ Corrected of amount	319.86
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