CAMPAIGN TREASURER'S REPORT SUMMARY						
(1)	ANDREW SIAF	OFFICE USE ONLY				
(2)	2548 OracleLand	CITY CLERK 10 MAY 24AMS:00:49				
	Address (number and street) City, State, Zip Code	6 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) Ŗeport	Identifiers				
	er Period: From	31/24 Report Type:				
		ecial Election Report				
(6) Cas	h & Checks \$,, 550. 100	(7) Expenditures This Report Monetary Expenditures \$,,,,				
Loai		Transfers to Office Account \$, ,				
I ota	ind \$, , 233. 75	Total Monetary \$, , <u>244</u> .63				
		(8) Other Distributions				
(9)	TOTAL Monetary Contributions To Date \$,,,, 75	(10) TOTAL Monetary Expenditures To Date \$, 5933+				
		tification on to falsify a public record (ss. 839.13, F.S.)				
(T or	certify that I have examined this report and it is true, corresponding to the control of the con	(Type name) Chairperson (only for PC and PTY) X Signature				

CITY CLERK 10 MAY ZAAHS:01:02 CITY OF MORTH PORT

(1) Name	HUDILEW LSIA	PORT – ITEMIZED (2	EXPENDIT I.D. Number (2	UKES	
(3) Cover Perio	d <u> </u>	31,24	I) Page	of	
(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)	(11) Amount
2/22/24	PARKN REC its Half North Port FL	Additinal Hr Mckibba PK	Delit		15198
2/2/24	941 Apparel 9441 SAY brookA	Shirts trac	Debit		139.75
2/2/2	Lity HALL North Porter	Mckibben Pk	Debit		88,90
/ /					
_ / /					
/ /					
/ /					
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name											
(3) Cover Period/_ //											
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)				
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Contributor Type Occupation		Contribution Type	In-kind Description	Amendment	Amount				
3,16,24	Ron Cibolsk		Retwee				200				
						×4 ,					
3,16,24	Patricia Garen		House	Check			100				
						3 7					
3924	High land Prop 246Island	rott	Roul	. Checi			100				
. 1 .	Sarasota A:				1 S						
3,16,24	John Patte Chihit Lingle		Retirel	Check			50,00				
3,25,24	LydiA Tower 5662 Ruther North Port FL	For 34	1 Retiral	Check			100,00				
3/16/24	2631 Tomaso North Porta	345	Retirell	1.NK	Hot	. 20	100				
131,24	(/,	+Cer m, T	ter	INK	Burness CARDS		133,75				

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES