

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Demetrius Petron
 Name
 (2) 3352 Eagle Pass St
 Address (number and street)
North Port FL 34286
 City, State, Zip Code

OFFICE USE ONLY
 CITY CLERK
 10 JUN '24 PM 3:24:08
 CITY OF NORTH PORT

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- | | | |
|--|----------------------|--|
| <input type="checkbox"/> Candidate | Office Sought: _____ | <input type="checkbox"/> Check here if PC or ECO has disbanded |
| <input type="checkbox"/> Political Committee (PC) | | <input type="checkbox"/> Check here if PTY has disbanded |
| <input type="checkbox"/> Electioneering Communications Org. (ECO) | | <input type="checkbox"/> Check here if no other IE or EC reports will be filed |
| <input type="checkbox"/> Party Executive Committee (PTY) | | |
| <input type="checkbox"/> Independent Expenditure (IE) (also covers an individual making electioneering communications) | | |

(5) Report Identifiers

Cover Period: From 4 / 1 / 24 To 5 / 31 / 24 Report Type: Q2

Original Amendment Special Election Report

(6) Contributions This Report

| | |
|----------------|----------------------------------|
| Cash & Checks | \$ _____ , _____ , _____ . _____ |
| Loans | \$ _____ , _____ , <u>50.00</u> |
| Total Monetary | \$ _____ , _____ , <u>50.00</u> |
| In-Kind | \$ _____ , _____ , _____ . _____ |

(7) Expenditures This Report

| | |
|-----------------------------|----------------------------------|
| Monetary Expenditures | \$ _____ , _____ , _____ . _____ |
| Transfers to Office Account | \$ _____ , _____ , _____ . _____ |
| Total Monetary | \$ _____ , _____ , _____ . _____ |

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 50.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 00

(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)

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

X Demetrius Petron

Signature

(Type name)

Candidate Chairperson (only for PC and PTY)

X

Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Demetrius Petron (2) I.D. Number _____

(3) Cover Period 4, 1, 24 through 5, 31, 24 (4) Page _____ of _____

| (5) Date | (7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | (8) Contributor Type Occupation | | (9) Contribution Type | (10) In-kind Description | (11) Amendment | (12) Amount |
|---------------------------|--|---|------------|-----------------------------|--------------------------------|-------------------|----------------|
| (6) Sequence Number | | Type | Occupation | Type | Description | | Amount |
| 5, 24, 24 | Demetrius Petron | Loan | | Loan | | | 50 |
| / / | | | | | | | |
| / / | | | | | | | |
| / / | | | | | | | |
| / / | | | | | | | |
| / / | | | | | | | |
| / / | | | | | | | |
| / / | | | | | | | |

INSTRUCTIONS FOR CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

- (1) Candidate's full name or name of the political committee (PC), electioneering communications organizations (ECO) or party executive committee (PTY).
- (2) The identification number assigned by the filing officer.
- (3) Cover period dates (e.g., 1/1/15 through 1/31/15). (See filing officer's reporting dates calendar for appropriate year and cover periods.)
- (4) Page numbers (e.g., 1 of 3).
- (5) Date contribution was RECEIVED (Month/Day/Year).
- (6) **Sequence Number** – Each detail line shall have a sequence number assigned to it. Sequence numbers are to be assigned within each reporting period and for each type of detail line. Thus the report type, detail line type, and sequence number will combine to uniquely identify a specific contribution, expenditure, distribution or fund transfer. This method of unique identification is required for responding to requests from the filing officer and for reporting amendments.
For example, a M1 report having 75 contributions would use sequence numbers 1 through 75. The next report (M2), comprised of 40 contributions would use sequence numbers 1 through 40. Contributions on amended M1 reports would begin with sequence number 76 and on amended M2 reports would begin with sequence number 41. See the *Amendment Type* instructions below.
- (7) Type full name and address of contributor (including city, state and zip code).
- (8) Enter the type of contributor using one of the following codes:
Occupation of contributor for **contributions over \$100 only**. (If a business, please indicate nature of business.)

| | | |
|---|---|---|
| I | Individual | |
| B | Business | (also includes corporations, organizations, groups, etc.) |
| E | Electioneering Communications Organizations | |
| F | Political Committee | (federal or state) |
| P | Political Parties | (includes federal, state and county executive committees) |
| O | Other | (e.g., candidate surplus funds to party, etc.) |
| S | Candidate to Self | |

- (9) Enter Contribution Type using one of the following codes:
NOTE: Cash includes cash and cashier's checks.

| Code | Description |
|------|--|
| CAS | Cash or Cashier's Check |
| CHE | Check |
| COF | Carryover Funds from Previous Campaign |
| INK | In-Kind |
| INT | Interest |
| LOA | Loan |
| MO | Money Order |
| MUC | Multiple Uniform Contributions |
| RCT | Other Receipts |
| REF | Refund (Negative Amount Only) |