	LIV OF FOOT						
CAMPAIGN TREASURER'S REPORT SUMMARY CERTALE							
11) Ted Inserra	OFFICE USE ONLY						
(2) Name 901 SW 19th St	CITY CLERK'S OFFICE						
Address (number and street)	33315						
City, State, Zip Code							
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						
Cover Period: From 4 / 24 To 6 / 14 Report Type 2024 P) Original Amendment Special Election Report							
(6) Contributions This Report	(7) Expenditures This Report						
Cash & Checks \$,, 140. 00	Monetary Expenditures \$,900.03						
Loans \$,,	Transfers to Office Account \$						
Total Monetary \$, ,							
In-Kind \$, , .	Total Monetary \$, ,						
	(8) Other Distributions						
	\$, ,						
(9) TOTAL Monetary Contributions To Date \$,2, 232. 00	(10) TOTAL Monetary Expenditures To Date						
(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) ←	(Type name) Ted Self C						
or electioneering comm	a Josh Daval Do						
Signature	Signature						

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CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Ted Seria (2) I.D. Number									
(3) Cover Period 6 124 through 6 114 124 (4) Page 1 of 1									
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)		
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	C Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount		
6,524	Karin Glendon		Friend	ChE	,		40.00		
6,5,24	mathew								
	900 SW		Fried	CHE			100 oc		
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1 1						=			
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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CAMPAIGN TREASURER'S REPORT - FUND TRANSFERS (2) I.D. Number ____ (3) Cover Period (4) Page (8) (9) (10) (11) (5) Date Name of Financial (6) Institution Street Address & Sequence Transfer Nature of City, State, Zip Code Number Type Account Amount Amendment

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (1) Name (2) I.D. Number (3) Cover Period (4) Page of (4) Page								
(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)			
61512	Pay Pal	Process	MON		1.65			
615/24	Pal	Process	MON		3.38			
6/3/24	Qualifying City of	Qualifying Fee	DIS		985,00			
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CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS (1) Name (2) I.D. Number **Cover Period** (3)(4) Page (7) Full Name (5) (8) Purpose (9) (10) (11) Date (Last, Suffix, First, Middle) (6) (add office sought if Sequence Street Address & contribution to a Related Distribution Number City, State, Zip Code candidate) Expenditures Amendment Amount Type SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES DS-DE 14A (Rev. 11/13)