2024 JUL 15 AM 9:51

TOTA OUT 19 VILL	9:51
CAMPAIGN TREASUR	ER'S REPORT SUMMARY 9:5!
11) Ted Inserra	OFFICE USE ONLY
Address (number and street)  City, State, Zip Code	3.5
City, State, Zip Code	(3) ID Number:
(4) Check appropriate box(es):  Candidate Office Sought:  Political Committee (PC)	4 City Commission
☐ 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 6/29/3H To	t Identifiers  1 12121  Report Type: 2024
	T
(6) Contributions This Report  Cash & Checks \$,, 225_00	(7) Expenditures This Report  Monetary Expenditures \$,
Loans \$,,	Transfers to Office Account \$,,
Total Monetary \$,,  In-Kind \$ , , , .	Total Monetary \$ , ,
m-rund	(8) Other Distributions \$ ,
(9) TOTAL Monetary Contributions To Date \$,2,507. OO	(10) TOTAL Monetary Expenditures To Date \$,
(11) Cert It is a first degree misdemeanor for any pers	
Type name  Individual (only for IE Treasurer Deputy Treasurer or electioneering comm.)	(Type name)  Chairperson (only for PC and PTY)
Signature	Signature

## CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name led Inserta (2) I.D. Number									
(3) Cover Period 6, 29, 24 through 7, 12, 24 (4) Page for of									
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)		
(6) Sequence	(Last, Suffix, First, Middle) Street Address &	0	ontributor	Contribution	In-kind				
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount		
7,3,24	Lorainn				*				
	ONCIL		Friend	CHE			254		
7,5,24	mathew						2		
	2805WAR		Friend	CHT			1000		
7,5,24	Richard						100		
170	ST.		Friend	CHB			100		
1 1									
				3					
1 1									
				3					
1 1					*				
	2		=						
1 1									
	×		67	•					

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 (4) Page \_ (7) (8) (9) (10) (11) (5) Date Name of Financial (6) Institution Sequence Street Address & Transfer Nature of City, State, Zip Code Number Type Account Amount Amendment

TREASURER'S REPORT - ITEMIZED EXPENDITURES (2) I.D. Number through (4) Page (7) (8) (9) (10) (11) (5) Date **Full Name** Purpose (Last, Suffix, First, Middle) (add office sought if (6)Expenditure Street Address & contribution to a Sequence Type City, State, Zip Code candidate) Amendment Amount Number 7/6/24

CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS (1) Name (2) I.D. Number **Cover Period** (3)through (4) Page (5) Date (8) Purpose (10) (12)Full Name (6) (Last, Suffix, First, Middle) (add office sought if contribution to a Sequence Street Address & 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)