	2021 1111 20 51411 27					
CAMPAIGN TREASURER'S REPORT SUMMARY						
(1) Ted Instantion	OFFICE USE ONLY					
Address (number and street) City, State, Zip Code	315					
Check here if address has changed	(3) ID Number:					
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 7/13/24 To 7/19/24 Report Type: 2024P4 Original Amendment Special Election Report						
(6) Contributions This Report	(7) Expenditures This Report					
Cash & Checks \$,,	Monetary Expenditures \$, ,					
Loans \$,,	Transfers to Office Account \$,					
Total Monetary \$,	Total Monetary \$, ,					
In-Kind \$, ,	(8) Other Distributions \$,					
(9) TOTAL Monetary Contributions To Date \$,2, 567	(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.)						
Certify that I have examined this report and it is true, correctly report and it is true, correc	(Type name) Chairperson (only for PC and PTY)					
X Signature	X Signature					

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CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Ted Insert (2) I.D. Number										
(3) Cover Period 7 / 13 / 21 through 7 / 19 / 21 (4) Page 1 of 1										
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	C	(8)	(9)	(10)	(11)	(12)			
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount			
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT - FUND TRANSFERS (2) I.D. Number ___ (3) Cover Period (4) Page (7) (8) (9) (10) (11) (5) Date Name of Financial (6) Institution Street Address & Transfer Nature of Sequence City, State, Zip Code Number Type Account Amount Amendment

(1) Name (2) I.D. Number									
(3) Cover Peri	od 7/3/24through 7	, 19,24	(4) Page	of_	1				
(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)				
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CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS (1)Name (2) I.D. Number **Cover Period** (3)through (4) Page (5) Date (7) Full Name (8) Purpose (9) (10) (11) (12)(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 Туре SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES DS-DE 14A (Rev. 11/13)