

CITY OF FORT LAUDERDALE

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2024 JUL 29 AM 10:03

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CITY CLERK'S OFFICE
CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Ted Inserria
Name

(2) 901 SW 19th St.
Address, (number and street)

Ft. Land., Fla. 33315
City, State, Zip Code

CITY OFFICE (USE ONLY)

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Dist. 4 City Commissioner
- 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) Report Identifiers

Cover Period: From 7/20/24 To 7/26/24 Report Type: 2024P5

- Original
- Amendment
- Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ 0

Loans \$ _____

Total Monetary \$ _____

In-Kind \$ _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ 121.50

Transfers to Office Account \$ _____

Total Monetary \$ _____

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ _____ 2,661.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ 2,588.35

(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) Ted Inserria

(Type name) Ted Inserria

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

- Candidate
- Chairperson (only for PC and PTY)

X Ted Inserria
Signature

X Ted Inserria
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Ted Inserra (2) I.D. Number _____

(3) Cover Period 7/20/24 through 7/26/24 (4) Page 1 of 1

(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
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CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

(1) Name Ted Insarra (2) I.D. Number _____
(3) Cover Period 7, 2024 through 7, 2024 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Related Expenditures	(10) Amendment	(11) Amount	(12) Distribution Type
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