... . W. H. C. Horney

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CAMPAIGN TREASUR	ER'S REPORT SUMMARYO: 03			
(1) Ted Insecta	CITY COFFICE USE ONLY			
Name 101 SIN 10th S	1			
Address (number and street)	21.			
Ft. Land, Ma. 5	3315			
City, State, Zip Code Check here if address has changed	(3) ID Number:			
(4) Check appropriate box(es):	(6)			
Candidate Office Sought:	1 City Commissioner			
 ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) 	Check here if PC or ECO has disbanded			
Party Executive Committee (PTY)	Check here if PTY has disbanded			
Independent Expenditure (IE) (also covers an individual making electioneering communications)	Check here if no other IE or EC reports will be filed			
(5) Repor	t Identifiers			
Cover Period: From 7/20 24 To	7/26/21 Report Type:			
☐ Original ☐ Amendment ☐ Sp	ecial Election Report			
(6) Contributions This Report	(7) Expenditures This Report			
Cash & Checks \$,,	Monetary Expenditures \$, , \lambda \l			
Loans \$,,	Transfers to Office Account \$,			
Total Monetary \$, ,				
In-Kind \$, , .	Total Monetary \$, ,			
III-NIIQ	(8) Other Distributions			
	\$,			
(9) TOTAL Monetary Contributions To Date	(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) Ted Inserior	(Type name) Political Service			
☐ Individual (only for IE or electioneering comm) ☐ Treasurer ☐ Deputy Treasurer	Chairperson (only for PC and PTY)			
* Doch Mensa.	x To KynDerra			
Signature	Signature			

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CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Ted Inser (2) I.D. Number								
(3) Cover Period 7,20,24 through 7,2624 (4) Page of								
(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	
1 1					×			
1 1								
1 1				<u> </u>				
1 1								
							F I	
1 1								
1 1								
1 1								

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

P83

AMPAIGN 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) Sequence Institution Street Address & Transfer Nature of City, State, Zip Code Number Type Account Amendment Amount

(1) Name (2) I.D. Number								
(3) Cover Perio	od 7,20,24 through 7	126,24	4) Page	of _				
(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)			
71324	Good Guy Signs Tampa Fla,	Campaigh 51gns	DIS		121,50			
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CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS (1) Name (2) I.D. Number 7,20 **Cover Period** (3)through of (5) Date (7) Full Name (8) (10) (11) (12) Purpose (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)