2021, AUC = 2440	2024 AUG -5 AM IO: 00					
CAMPAIGN TREASURER'S REPORT SUMMARY						
(1) Ted Inserte	OFFICE USE ONLY					
(2) Name 01 SW19th St						
Address (number and street)	33315					
City, State, Zip Code						
Check here if address has changed	(3) ID Number:					
(4) Check appropriate box(es):	HC116					
Candidate Office Sought: UST TCHY OM MSS MODE						
☐ Electioneering Communications Org. (ECO) ☐ Check here if PC or ECO has disbanded						
<ul> <li>☐ Party Executive Committee (PTY)</li> <li>☐ Independent Expenditure (IE) (also covers an</li> </ul>	☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed					
individual making electioneering communications)	Nook hold it no date is of so reports with se field					
Cover Period: From 7/27/24 To 8/274 Report Type:						
	ecial Election Report					
(6) Contributions This Report	(7) Expenditures This Report					
Cash & Checks \$,, 90 . 00	Monetary Expenditures \$,,					
Loans \$,,	Transfers to Office Account \$ , , .					
Total Monetary \$,	Total Monetary \$ .					
In-Kind \$ , ,						
	(8) Other Distributions					
	\$ , ,					
9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
\$, <u>&amp;, b.1.00</u>	\$					
(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) Treasurer Deputy Treasurer	er (Type name) Chairperson (only for PC and PTY)					
or electioneering comm.)	Consider (only for PC and PTY)					
X Signature	X Signature					

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(2) I.D. Number through 8,212H (3) Cover Period (5)(8)(9)(10)(11)(12)(7)Full Name Date (Last, Suffix, First, Middle) (6)Street Address & Contributor Contribution In-kind Sequence Type Occupation Description Amendment Number City, State, Zip Code Type Amount

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

AMPAIGN TREASURER'S REPORT – FUND TRANSFERS

(2) I.D. Number

27,24 through 8,2+2+ (4) Page (3) Cover Period (8) (9) (10) (11) (5) Date Name of Financial Institution (6) Street Address & Transfer Nature of Sequence City, State, Zip Code Number Type Account Amount Amendment

(1) Name (2) I.D. Number						
(3) Cover Perio	od 7 / 27, 21 through 8	12124	(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)	
7,2921	Pay Pal		mon		1,94	
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CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS (2) I.D. Number (1) through 812124 **Cover Period** (3)(4) Page (5) (7) Full Name (8) (10) Date 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