

CITY OF FORT LAUDERDALE

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Ted Inserra
Name

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

Fort Lauderdale, FL 33315
City, State, Zip Code

City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

2024 AUG 12 AM 9:29
OFFICE USE ONLY
CITY CLERK'S OFFICE

(4) Check appropriate box(es):

Candidate Office Sought: Dist 4 City Commission

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 8 / 3 / 24 To 8 / 15 / 24

Report Type: 2024P7

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 12500

Loans \$ _____, _____, _____

Total Monetary \$ _____, _____, _____

In-Kind \$ _____, _____, _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 4.59

Transfers to Office Account \$ _____, _____, _____

Total Monetary \$ _____, _____, _____

(8) Other Distributions

\$ _____, _____, _____

(9) TOTAL Monetary Contributions To Date

\$ _____, 2,882.00

(10) TOTAL Monetary Expenditures To Date

\$ _____, 2,594.88

(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 Inserra

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

X Ted Inserra
Signature

(Type name) Ted Inserra

Candidate Chairperson (only for PC and PTY)

X Ted Inserra
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 8 / 3 / 24 through 8 / 15 / 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
(6) Sequence Number		Type	Occupation	Type	Description		Amount
8, 1, 24	Lorraine O'Neil		Friend	CHE			25 ⁰⁰
8, 7, 24	mathew Hakim 2405 W 9th Ave		Friend	CHE			100 ⁰⁰
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CAMPAIGN TREASURER'S REPORT - FUND TRANSFERS

(1) Name Ted Inserra (2) I.D. Number _____
 (3) Cover Period 8/3/24 through 8/15/24 (4) Page 1 of 1

(5) Date	(7) Name of Financial Institution Street Address & City, State, Zip Code	(8) Transfer Type	(9) Nature of Account	(10) Amendment	(11) Amount
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Ted Inerra (2) I.D. Number _____
 (3) Cover Period 8 / 3 / 24 through 8 / 15 / 24 (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) Expenditure Type	(10) Amendment	(11) Amount
8/1/24	Pay Pal		MON		1.21
8/7/24	Pay Pal		MON		3.38
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CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

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

(3) Cover Period 8/3/24 through 8/15/24 (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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