

CAMPAIGN TREASURER'S REPORT SUMMARY

2024 AUG 19 AM 9:56

(1) Ted Inserria
Name

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

FT. LAUD., FLA. 33315
City, State, Zip Code

OFFICE USE ONLY
CITY CLERK'S OFFICE

Check here if address has changed

(3) ID Number: _____

(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 8/16/24 To 8/23/24 Report Type: 202461

Original

Amendment

Special Election Report

(6) Contributions This Report

(7) Expenditures This Report

Cash & Checks \$ _____, 50.00

Loans \$ _____, _____

Total Monetary \$ _____, _____

In-Kind \$ _____, _____

Monetary Expenditures \$ _____, _____

Transfers to Office Account \$ _____, _____

Total Monetary \$ _____, _____

(8) Other Distributions

\$ _____, _____

(9) TOTAL Monetary Contributions To Date

\$ _____, 2,932.00

(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 Inserria

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

X Ted Inserria
Signature

(Type name) Ted Inserria

Candidate Chairperson (only for PC and PTY)

X Ted Inserria
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

Pg 2

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

(3) Cover Period 8 / 16 / 24 through 8 / 23 / 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		
8 / 19 / 24	Mallorie Cove		Fried		CHE		50.00
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CAMPAIGN TREASURER'S REPORT - FUND TRANSFERS

(1) Name Ted Inserra

(2) I.D. Number _____

(3) Cover Period 8/16/24 through 8/23/24

(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 Inserra

(2) I.D. Number _____

(3) Cover Period 8/16/24 through 8/23/24

(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
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CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

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

(3) Cover Period 8/16/24 through 8/23/24 (4) Page 1 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) Related Expenditures	(10) Amendment	(11) Amount	(12) Distribution Type
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