

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Chad Van Horn
 Name
 (2) 737 NE 4th Ave
 Address (number and street)
Fort Lauderdale, FL 33304-2681
 City, State, Zip Code

OFFICE USE ONLY
 CITY OF FORT LAUDERDALE

2024 AUG 19 PM 3:16

CITY CLERK'S OFFICE

Check here if address has changed

(3) ID Number: 18

(4) Check appropriate box(es):

Candidate Office Sought: Fort Lauderdale, City Commissioner, District 2

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) Report Identifiers

Cover Period: From 8 / 3 / 2024 To 8 / 15 / 2024 Report Type: P7

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , _____ . _____

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , _____ . _____

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 49 , 408 . 86

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 19 , 420 . 97

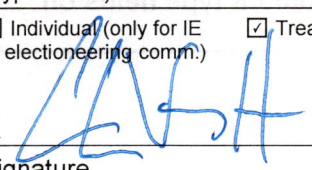
(11) Certification

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:

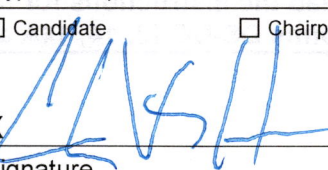
(Type name) Chad Van Horn

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

X  _____
 Signature

(Type name) Chad Van Horn

Candidate Chairperson (only for PC and PTY)

X  _____
 Signature