7071 SEP - 9 AM 10: 03						
CAMPAIGN TREASURER'S REPORT SUMMARY						
(1) Ted Inserra	OFFICE USE ONLY					
(2) Name 901 SW (9th5	T-					
Address (number and street)	23216					
City, State, Zip Code	1501)					
Check here if address has changed	(3) ID Number:					
(4) Check appropriate box(es):						
Candidate Office Sought: 15th Commission						
☐ 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) Pener	Identifiere 7601160					
Cover Period: From $3/24/24$ To	Report Type:					
V W A	ecial Election Report					
(6) Contributions This Report	(7) Expenditures This Report					
A DE	Manadana					
Cash & Checks \$,, \	Expenditures \$,, \frac{13}{3}					
Loans \$, .	Transfers to					
	Office Account \$,,					
Total Monetary \$, ,	Total Manatany C					
In-Kind \$, , .	Total Monetary \$, ,					
11-Killy 1 1 1 1 1	(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) Cd (Type name) C 1 160 Cd						
☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)					
x DON ADORMA	x of Insorte					
Signature	Signature					

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name (2) I.D. Number (3) Cover Period 8/24/24 through 9/6/2 (5)(7) (8)(9)(10)(11)(12)Date Full Name (Last, Suffix, First, Middle) (6) Contributor Contribution Sequence Street Address & In-kind Number City, State, Zip Code Type Occupation Description Amendment Type Amount

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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CAMPAIGN TREASURER'S REPORT - FUND TRANSFERS (2) I.D. Number (3) Cover Period S (4) Page (7) (8) (9) (10) (5) (11) Date Name of Financial (6) Institution Sequence Street Address & Transfer Nature of City, State, Zip Code Number Type Account Amendment Amount

(1) Name (2) I.D. Number						
(3) Cover Perio	d <u>8,24,24</u> through <u>9</u>	16,24	(4) Page(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) Expenditure Type	(10)	(11) Amount	
8 NG2-	Good Guy Tampa, Fl		DR		212.10	
8/2724	Southland Shopping Center		015		16.10	
8/28/24	Shapping Center		DIS		13.12	
3 A824	Go Doddy Domaine A Ema		DIS		35.12	
9424	Pay Pail		Moy		1.21	
9/6/24	Pay Pal		MON		3.38	
CV624	Good Guy signs		045		2133	
/ /				ė		

CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS Name (1) (2) I.D. Number **Cover Period** (3)through (4) Page of (5) (8) (9) (10)(11) (12) Date Full Name 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)