

2024 OCT 21 AM 10: 24

CAMPAIGN TREASUR	ER'S REPORT SUMMARY
(1) Name (2) Sulph St. Address (number and street) City, State, Zip Code Check here if address has changed	OFFICE USE ONLY 315 (3) ID Number:
Check appropriate box(es): Candidate Office Sought: 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
Cover Period: From 10/5/21 To	t Identifiers 202465 10/18/24 Report Type:
(6) Contributions This Report	(7) Expenditures This Report
Cash & Checks \$,, 250_00	Monetary Expenditures \$, ,446.33
_oans \$,,	Transfers to Office Account \$,,
Total Monetary \$,,	Total Monetary \$, ,
n-Kind \$,,	(8) Other Distributions \$,
TOTAL Monetary Contributions To Date \$,,	(10) TOTAL Monetary Expenditures To Date
(11) Cert It is a first degree misdemeanor for any pers	
Type name) Individual (only for IE or electioneering comm.) Type name Deputy Treasurer Deputy Trea	

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CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name 16d Insumber (2) I.D. Number							
(3) Cover Period 10/5/24 through 10/8/24 (4) Page of							
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	Co Type	Occupation	Contribution Type	In-kind Description	Amendment	Amount
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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CAMPAIGN TREASURER'S REPORT – FUND TRANSFERS

(1) Name	led Indula	(2) I.D. Number			
(3) Cover Perio	od 10, 5, 21 through 10, 1	8,22	(4) Page	of	
(5) Date (6) Sequence Number	(7) Name of Financial Institution Street Address & City, State, Zip Code	(8) Transfer Type	(9) Nature of Account	(10)	(11)
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(1) Name (2) I.D. Number							
(3) Cover Perio	od 10,5,24 through 10	77 - 11	(4) Page	of_	(
(5) Date	(7) Full Name	(8) Purpose	(9)	(10)	(11)		
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount		
10924	Good Guy Tampa Pk		D(5		2100		
10/10/22	Shopping Center		D15		18,50		
10/16/24	Pay Pal		MÓN		772		
10/1624	Good Goy Tampa Fla.		DIS		21005		
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CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

(1) Name Ted Tosemon (2) I.D. Number						
(3) Co	ver Period 0/5	124 through	018121	(4) Pag	e _)	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) Related Expenditures	(10) Amendment	(11)	(12) Distribution Type
1 1		8				
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1.1						74
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S-DF 144 (Po	V 11/13) SEE REVE	RSE FOR INSTRUCT	OD GIAN SIAOL	DE MALLIEC		