

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Ted Inerra
 Name
 (2) 901 SW 19th St.
 Address (number and street)
 Ft. Laud., Fl. 33315
 City, State, Zip Code

OFFICE USE ONLY
 CITY OF FORT LAUDERDALE
 2024 OCT 30 AM 10:24
 CITY CLERK'S OFFICE

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):
 Candidate Office Sought: Dist. 4 City Commissioner
 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 10/19/24 To 10/31/24 Report Type: 2024e6

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ 0
 Loans \$ _____
 Total Monetary \$ _____
 In-Kind \$ _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ 144.00
 Transfers to Office Account \$ _____
 Total Monetary \$ _____

(8) Other Distributions
 \$ _____

(9) TOTAL Monetary Contributions To Date
 \$ _____ 4,392.00

(10) TOTAL Monetary Expenditures To Date
 \$ _____ 4,382.83

(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 Inerra
 Individual (only for IE or electioneering, comm.) Treasurer Deputy Treasurer
Ted Inerra
 X
 Signature

(Type name) Ted Inerra
 Candidate Chairperson (only for PC and PTY)
Ted Inerra
 X
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 10/19/24 through 10/31/24 (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
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

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

(3) Cover Period 10/19/24 through 10/31/24 (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
10/22/24	UPS STORE Southland S.C.		DIS		3850
10/22/24	UPS store Southland S.C.		DIS		3850
10/24/24	WINN DIXIE Southland SC		DIS		2850
10/26/24	UPS STORE Southland		DIS		3850
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CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

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

(3) Cover Period 10/19/24 through 10/31/24 (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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