

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Venice Unites
 Name
 (2) 521 Harbor Dr. S.
 Address (number and street)
Venice, FL 34285
 City, State, Zip Code

OFFICE USE ONLY

CITY OF VENICE
 NOV 4 '22 PM 2:41

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- | | |
|--|--|
| <input type="checkbox"/> Candidate Office Sought: _____ | <input type="checkbox"/> Check here if PC or ECO has disbanded |
| <input type="checkbox"/> Political Committee (PC) | <input type="checkbox"/> Check here if PTY has disbanded |
| <input type="checkbox"/> Electioneering Communications Org. (ECO) | <input type="checkbox"/> Check here if no other IE or EC reports will be filed |
| <input type="checkbox"/> Party Executive Committee (PTY) | |
| <input type="checkbox"/> Independent Expenditure (IE) (also covers an individual making electioneering communications) | |

(5) Report Identifiers

Cover Period: From 8/1/22 To 9/9/22 Report Type: G2
 Original Amendment Special Election Report

(6) Contributions This Report

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , 1,734.25
 Transfers to Office Account \$ _____ , _____ , _____ . _____
 Total Monetary \$ _____ , 1,734.25

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 1,590.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 1,734.25

(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)

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

[Signature]
 Signature

(Type name)

Candidate Chairperson (only for PC and PTY)

X
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Venice United

(2) I.D. Number _____

(3) Cover Period 8/1/22 through 9/9/22

(4) Page 3 of 3

(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
8/20/22	Dollar General Venice # 11668	pens, note, books, envel- opes	MON	ADD	11.00
13					
8/20/22	Office Depot 1564 US 41, Bypass	200 FAQ sheets	MON	ADD	42.00
14					
11					
11					
11					
11					
11					
11					
11					