

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) SAVE
 Name _____
 (2) PO Box 74
 Address (number and street) _____
Venice FL 34284
 City, State, Zip Code _____

OFFICE USE ONLY

CITY OF VENICE
AUG 24 14:30

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: _____

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 07 / 27 / 24 To 08 / 02 / 24 Report Type: 2024 P6

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 311 . 53

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 16 . 01

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

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 2 , 762 . 14

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 98 . 48

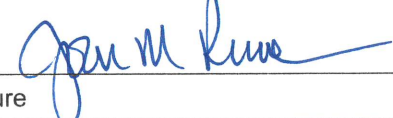
(11) Certification

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:

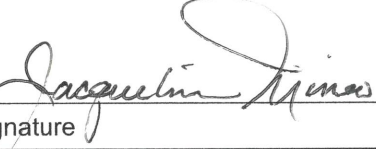
(Type name) Joan M. Roscoe

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

X  _____
 Signature

(Type name) Jacqueline Mineo

Candidate Chairperson (only for PC and PTY)

X  _____
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name SAVE _____ (2) I.D. Number _____
 (3) Cover Period 07 / 27 / 24 through 08 / 02 / 24 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
07 / 27 / 24 1	Richard Cordner 246 Montelluna Dr North Venice FL 34275	I	Retired	CHE			104.42
07 / 28 / 24 2	Elana Carnes 201 Medici Terrace North Venice FL 34275	I	Retired	CHE			52.37
07 / 28 / 24 3	Dr. Stephen Hefler 487 Padova Way North Venice FL 34275	I	Retired	CHE			52.37
07 / 31 / 24 4	William Dowling 332 Pensacola Road Venice FL 34285	I	Retired	CHE			50.00
08 / 01 / 24 5	Ann Bollmeier 341 Melrose Court Venice FL 34292	I	Retired	CHE			52.37
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name SAVE

(2) I.D. Number _____

(3) Cover Period 07 / 27 / 24 through 08 / 02 / 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
(6) Sequence Number					
08 / 02 / 24	DONORBOX & STRIPE (Online)	Transaction Fees	MON		16.01
1					
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