

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Joan Iacono
 Name
 (2) 1132 Bird Bay Way
 Address (number and street)
Venice Fl 34285
 City, State, Zip Code

OFFICE USE ONLY

CITY OF VENICE

AUG30'24 10:17

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Venice City Council Seat #4
- 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 08 / 21 / 24 To 08 / 23 / 24 Report Type: 2024 G1

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, 1 , 700 . 00

Loans \$, 2 , 000 . 00

Total Monetary \$, 3 , 700 . 00

In-Kind \$, , .

(7) Expenditures This Report

Monetary Expenditures \$, 1 , 211 . 08

Transfers to Office Account \$, , .

Total Monetary \$, 1 , 211 . 08

(8) Other Distributions

\$, , .

(9) TOTAL Monetary Contributions To Date

\$, 3 , 700 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 1 , 211 . 08

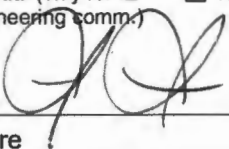
(11) Certification

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 Iacono

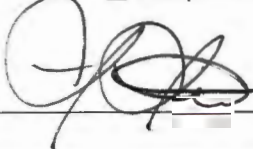
Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X 

Signature

(Type name) Joan Iacono

Candidate Chairperson (only for PC and PTY)

X 

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name JOAN IACONO (2) I.D. Number _____

(3) Cover Period 08 / 21 / 24 through 08 / 23 / 24 (4) Page 1 of _____

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
08 / 21 / 24	DEBBIE GERICKE 146 Bella Vista Terrace #C Venice, Fl 34275	I	Retired	CHE			\$500
08 / 22 / 24	ROSALIE A DANBURY 950 Tamiami Trl S Unit 202 EB Venice Fl 34285	I	Retired	CHE			\$1,000
08 / 22 / 24	BARBARA BRANDE DESMOND 255 The Esplanade N Apt 407 Venice Fl 34285	I	Retired	CHE			200
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

(1) Name JOAN IACONO (2) I.D. Number _____

(3) Cover Period 08 / 21 / 24 through 08 / 23 / 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) Related Expenditures	(10) Amendment	(11) Amount	(12) Distribution Type
(6) Sequence Number						
08 / 22 / 24 001	Venice City Clerk 401 W. Venice Ave Venice, Fl 34285	Campaign Filing Fee			\$211.08	
08 / 22 / 24 002	In Touch Solutions 230 Tamiami Trl Suite 3E Venice Fl 34285	Website			\$1,000.00	
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/ /						
/ /						
/ /						
/ /						
/ /						

CAMPAIGN LOANS REPORT ITEMIZED

Page _____ of _____

(PLEASE TYPE)

<p>FULL NAME AND ADDRESS OF LENDER: JOAN IACONO 1132 Bird Bay Way Venice, FI 34285</p> <p>OCCUPATION: <u>Attorney</u></p> <p>AMOUNT OF LOAN: <u>\$750.00</u></p> <p>DATE RECEIVED: <u>8/21/2024</u></p>	<p>FULL NAME AND ADDRESS OF LENDER: JOAN IACONO 1132 Bird Bay Way Venice, FI 34285</p> <p>OCCUPATION: <u>Attorney</u></p> <p>AMOUNT OF LOAN: <u>\$1,250.00</u></p> <p>DATE RECEIVED: <u>8/22/2024</u></p>
<p>FULL NAME AND ADDRESS OF LENDER: _____ _____ _____</p> <p>OCCUPATION: _____</p> <p>AMOUNT OF LOAN: _____</p> <p>DATE RECEIVED: _____</p>	<p>FULL NAME AND ADDRESS OF LENDER: _____ _____ _____</p> <p>OCCUPATION: _____</p> <p>AMOUNT OF LOAN: _____</p> <p>DATE RECEIVED: _____</p>
<p>FULL NAME AND ADDRESS OF LENDER: _____ _____ _____</p> <p>OCCUPATION: _____</p> <p>AMOUNT OF LOAN: _____</p> <p>DATE RECEIVED: _____</p>	<p>FULL NAME AND ADDRESS OF LENDER: _____ _____ _____</p> <p>OCCUPATION: _____</p> <p>AMOUNT OF LOAN: _____</p> <p>DATE RECEIVED: _____</p>