

**CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Joe Morganelli  
 Name  
 (2) 16535 Highland ave  
 Address (number and street)  
Montverde FL 34756  
 City, State, Zip Code

OFFICE USE ONLY

10/31/24

Check here if address has changed (3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):  
 Candidate Office Sought: Montverde Town Council  
 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 10/19/2024 To 10/31/2024 Report Type: 202466

Original  Amendment  Special Election Report

(6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_

Loans \$ \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_

In-Kind \$ \_\_\_\_\_

(7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_ 130.39

Transfers to Office Account \$ \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_ 130.39

(8) Other Distributions  
 \$ \_\_\_\_\_

(9) TOTAL Monetary Contributions To Date  
 \$ \_\_\_\_\_ 1,292.42

(10) TOTAL Monetary Expenditures To Date  
 \$ \_\_\_\_\_ 1,189.40

(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) <u>Michelle Morganelli</u>	(Type name) <u>Joe Morganelli</u>
<input type="checkbox"/> Individual (only for IE or electioneering comm.)	<input checked="" type="checkbox"/> Candidate
<input checked="" type="checkbox"/> Treasurer	<input type="checkbox"/> Chairperson (only for PC and PTY)
<input type="checkbox"/> Deputy Treasurer	
<u>X Michelle Morganelli</u>	<u>X [Signature]</u>
Signature	Signature



**CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

(1) Name Joe Morganelli (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
10/19/2024	Montverde 17404 6th St. Montverde FL 34756	Event			30.00
10/26/2024	Dunkin 17330 Highway 50 Clermont FL 34711	Event Supplies			71.84
10/29/2024	BJS 2677 S HWY 27 Clermont FL 34711	Event Supplies			8.55
11					
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11					
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## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Joe Morganelli  
Name

(2) 16535 Highland ave  
Address (number and street)

Montverde FL 34756  
City, State, Zip Code

OFFICE USE ONLY

10/18/24

Check here if address has changed

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

- Candidate Office Sought: Montverde Town Council
- 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 / 05 / 2024 To 10 / 18 / 2024 Report Type: 2024G5

Original       Amendment       Special Election Report

### (6) Contributions This Report

Cash & Checks      \$ \_\_\_\_\_

Loans                      \$ \_\_\_\_\_

Total Monetary      \$ \_\_\_\_\_

In-Kind                      \$ \_\_\_\_\_

### (7) Expenditures This Report

Monetary Expenditures      \$ \_\_\_\_\_

Transfers to Office Account      \$ \_\_\_\_\_

Total Monetary      \$ \_\_\_\_\_

### (8) Other Distributions

\$ \_\_\_\_\_

### (9) TOTAL Monetary Contributions To Date

\$ 1,292.42

### (10) TOTAL Monetary Expenditures To Date

\$ 1,059.01

### (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) Michelle Morganelli

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

Michelle Morganelli  
 Signature

(Type name) Joe Morganelli

Candidate       Chairperson (only for PC and PTY)

[Signature]  
 Signature

10/23/24



## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name \_\_\_\_\_ (2) I.D. Number \_\_\_\_\_

(3) Cover Period \_\_\_\_ / \_\_\_\_ / \_\_\_\_ through \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (4) Page \_\_\_\_ of \_\_\_\_

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type			
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## CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

(1) Name \_\_\_\_\_ (2) I.D. Number \_\_\_\_\_

(3) Cover Period \_\_\_\_ / \_\_\_\_ / \_\_\_\_ through \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (4) Page \_\_\_\_ of \_\_\_\_

(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						
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**CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Joe Morganelli  
 Name  
 (2) 16535 Highland ave  
 Address (number and street)  
Montverde FL 34756  
 City, State, Zip Code

OFFICE USE ONLY

*10/8/24*

Check here if address has changed

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

- Candidate Office Sought: Montverde Town Council
- 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 09 / 21 / 2024 To 10 / 04 / 2024 Report Type: 2024 G4

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$ \_\_\_\_\_

Loans \$ \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_

In-Kind \$ \_\_\_\_\_

**(7) Expenditures This Report**

Monetary Expenditures \$ \_\_\_\_\_

Transfers to Office Account \$ \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_

**(8) Other Distributions**

\$ \_\_\_\_\_

**(9) TOTAL Monetary Contributions To Date**

\$ \_\_\_\_\_, 1,292.42

**(10) TOTAL Monetary Expenditures To Date**

\$ \_\_\_\_\_, 1,059.01

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

X Michelle Morganelli  
 Signature

(Type name) Joe Morganelli  
 Candidate  Chairperson (only for PC and PTY)

X [Signature]  
 Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name \_\_\_\_\_ (2) I.D. Number \_\_\_\_\_

(3) Cover Period \_\_\_\_ / \_\_\_\_ / \_\_\_\_ through \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (4) Page \_\_\_\_ of \_\_\_\_

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type			
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## CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

(1) Name \_\_\_\_\_ (2) I.D. Number \_\_\_\_\_

(3) Cover Period \_\_\_\_ / \_\_\_\_ / \_\_\_\_ through \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (4) Page \_\_\_\_ of \_\_\_\_

(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
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## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Joe Morganelli  
Name

(2) 16535 Highland ave  
Address (number and street)

Montverde FL 34756  
City, State, Zip Code

OFFICE USE ONLY

Check here if address has changed

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

- Candidate Office Sought: Montverde Town Council
- 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 9, 7, 2024 To 9, 20, 2024 Report Type: 2024 G3

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_, 642.42

Loans \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

In-Kind \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_, 462.94

Transfers to Office Account \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

### (8) Other Distributions

\$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_, 1,292.42

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_, 1,059.01

### (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) Michelle Morganelli

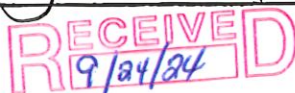
Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

Michelle Morganelli  
 Signature

(Type name) Joe Morganelli

Candidate  Chairperson (only for PC and PTY)

Joe Morganelli  
 Signature



## CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name \_\_\_\_\_ (2) I.D. Number \_\_\_\_\_

(3) Cover Period \_\_\_\_ / \_\_\_\_ / \_\_\_\_ through \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (4) Page \_\_\_\_ of \_\_\_\_

(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		
9, 23, 24	John & Bonnie Budura	I		CAS	Donor Box		100.00
45516288							
9, 23, 24	Herbert Heilmann	I		CAS	Donor Box		50.00
45516083							
1 / 1							
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1 / 1							

### CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name \_\_\_\_\_ (2) I.D. Number \_\_\_\_\_

(3) Cover Period \_\_\_\_ / \_\_\_\_ / \_\_\_\_ through \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (4) Page \_\_\_\_ of \_\_\_\_

(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
9/17/24	Cimpress 95 Hayden Ave Lexington, MA 02421	Advertising	CAN		462.94
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## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Joe Morganelli  
Name

(2) 16535 Highland ave  
Address (number and street)

Montverde FL 34756  
City, State, Zip Code

OFFICE USE ONLY

RECEIVED

9/12/24

Check here if address has changed (3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate Office Sought: Montverde Town Council

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 8 / 24 / 2024 To 9 / 6 / 2024 Report Type: 2024G2

Original  Amendment  Special Election Report

(6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_ 400.00

Loans \$ \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_

In-Kind \$ \_\_\_\_\_

(7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_ 536.07

Transfers to Office Account \$ \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_

(8) Other Distributions  
 \$ \_\_\_\_\_

(9) TOTAL Monetary Contributions To Date  
 \$ \_\_\_\_\_ 650.00

(10) TOTAL Monetary Expenditures To Date  
 \$ \_\_\_\_\_ 596.07

### (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) Michelle Morganelli

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

X Michelle Morganelli  
 Signature

(Type name) Joe Morganelli

Candidate  Chairperson (only for PC and PTY)

X [Signature]  
 Signature

**CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS**

(1) Name Joe Morgantelli (2) I.D. Number \_\_\_\_\_

(3) Cover Period 8 / 24 / 24 through 9 / 06 / 24 (4) Page \_\_\_\_\_ of \_\_\_\_\_

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
		Type	Occupation				
8 / 27 / 24	Self fund	I		che			400.00
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name \_\_\_\_\_

(2) I.D. Number \_\_\_\_\_

(3) Cover Period \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_

(4) Page \_\_\_\_ of \_\_\_\_

(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
8/28/24	Bryan Kranich 11525-B Stonehollow DR #220 Austin, TX 78759	Advertising	CAN		536.07
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## CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

(1) Name \_\_\_\_\_ (2) I.D. Number \_\_\_\_\_

(3) Cover Period \_\_\_\_ / \_\_\_\_ / \_\_\_\_ through \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (4) Page \_\_\_\_ of \_\_\_\_

(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						
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RECEIVED  
9/27/24

### CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Joe Morganelli  
Name

(2) 16535 Highland ave  
Address (number and street)

Montverde FL 34756  
City, State, Zip Code

OFFICE USE ONLY

Check here if address has changed (3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate Office Sought: Montverde Town Council

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 8/16/24 To 8/23/24 Report Type: 202461

Original  Amendment  Special Election Report

(6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_, \_\_\_\_\_, 250.00

Loans \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

In-Kind \$ \_\_\_\_\_, \_\_\_\_\_, 250.00

(7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_, \_\_\_\_\_, 60.00

Transfers to Office Account \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, 60.00

(8) Other Distributions  
\$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

(9) TOTAL Monetary Contributions To Date  
\$ \_\_\_\_\_, \_\_\_\_\_, 250.00

(10) TOTAL Monetary Expenditures To Date  
\$ \_\_\_\_\_, \_\_\_\_\_, 60.00

#### (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) Michelle Morganelli

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

Michelle Morganelli  
Signature

(Type name) Joe Morganelli

Candidate  Chairperson (only for PC and PTY)

Joe Morganelli  
Signature

**CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS**

(1) Name Joe Morgarelli (2) I.D. Number \_\_\_\_\_

(3) Cover Period 8, 16, 24 through 8, 23, 24 (4) Page \_\_\_\_\_ of \_\_\_\_\_

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
		Type	Occupation				
8, 16, 24	Self Fund	I		che			250.00
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**CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

(1) Name Joe Morganello (2) I.D. Number \_\_\_\_\_

(3) Cover Period 8, 16, 24 through 8, 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) Expenditure Type	(10) Amendment	(11) Amount
8/15/24	Town of Montverde 17404 Sixth St Montverde, FL 34756	Qualifying Fee	CAN		60.00
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RECEIVED  
8/27/24

### CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Joe Morganelli

Name

(2) 16535 Highland ave

Address (number and street)

Montverde FL 34756

City, State, Zip Code

OFFICE USE ONLY

Check here if address has changed

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate Office Sought: Montverde Town Council

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 8/16/24 To 8/23/24 Report Type: 202461

Original

Amendment

Special Election Report

#### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_, \_\_\_\_\_, 250.00

Loans \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

In-Kind \$ \_\_\_\_\_, \_\_\_\_\_, 250.00

#### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_, \_\_\_\_\_, 60.00

Transfers to Office Account \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, 60.00

#### (8) Other Distributions

\$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

#### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_, \_\_\_\_\_, 250.00

#### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_, \_\_\_\_\_, 60.00

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

Michelle Morganelli  
Signature

(Type name) Joe Morganelli  
 Candidate  Chairperson (only for PC and PTY)

Joe Morganelli  
Signature

**CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS**

(1) Name Joe Morganelli (2) I.D. Number \_\_\_\_\_

(3) Cover Period 8, 16, 24 through 8, 23, 24 (4) Page \_\_\_\_\_ of \_\_\_\_\_

(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
(6) Sequence Number		Type	Occupation	Type	Description		Amount
8, 16, 24	Self Fund	I		Che			250.00
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**CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

(1) Name Joe Morganello (2) I.D. Number \_\_\_\_\_  
 (3) Cover Period 8, 16, 24 through 8, 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) Expenditure Type	(10) Amendment	(11) Amount
8/15/24	Town of Montverde 17404 Sixth St Montverde, FL 34756	Qualifying Fee	CAN		60.00
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