| CAMPAIGN TREASURER'S REPORT SUMMARY | | | | | | | | |
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| J | 1 Joe Moragnelli | OFFICE USE ONLY | | | | | | |
| | Name 16535 High and and Address (number and street) Montylexce fl 34756 City, State, Zip Code | 10/31/24 | | | | | | |
| | Check here if address has changed | (3) ID Number: | | | | | | |
| | (4) Check appropriate box(es): Candidate Office Sought: Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) | ☐ Candidate Office Sought: ☐ Check here if PC or ECO has disbanded ☐ Party Executive Committee (PTY) ☐ Check here if PTY has disbanded ☐ Independent Excenditure (IE) (also covers an ☐ Check here if no other IE or EC reports will be filed | | | | | | |
| | (5) Report | Identifiers | | | | | | |
| | | 10 / 31 / 2029 Report Type: 202466 | | | | | | |
| | (6) Contributions This Report | (7) Expenditures This Report | | | | | | |
| C | Cash & Checks \$,, | Monetary Expenditures \$, 130.39 | | | | | | |
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| | Total Monetary \$,, | Total Monetary \$ | | | | | | |
| | In-KInd \$ | (8) Other Distributions \$, | | | | | | |
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| 5 | Certify that I have examined this report and it is true, come (Type name) Chelle MUJANUI | (Type name) The Moggae : (Type name) The Mo | | | | | | |
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| | (8) Date . (6) Sequence Number | (7) Full Name (Lest, Suffix, First, Middle) Street Address & City, State, Zip Code | (8) Purposa (add office sought if contribution to a candidate) | (9) Expenditure Type | (10) Amendment | (11) |
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| _/ | (1) | Name | | | | | · · · | | | |
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| | Dr (i Bequ | 5) nto 6) sonco nber | Fu (Last, Suff Street | ill Name | iddie) k | (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 | | | | | | | | | |
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| \circ | 11) Joe Morganelli | OFFICE USE ONLY | | | | | | | | |
| | Name 16535 High and aul Address (number and street) Wontverde EL 34756 City, State, Zip Code | 10/18/24 | | | | | | | | |
| | Check here if address has changed | (3) ID Number: | | | | | | | | |
| (4) Check appropriate box(es): Candidate Office Sought: 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 with the communications | | | | | | | | | | |
| | (5) Report | Identifiers | | | | | | | | |
| | Cover Period: From 10 / 05 / 2024 To | 10 / 18 / 2024 Report Type: 202465 | | | | | | | | |
| | | cial Election Report | | | | | | | | |
| 0 | (6) Contributions This Report | (7) Expenditures This Report | | | | | | | | |
| \bigcirc | Cash & Checks \$,, | Monetary Expenditures \$,, | | | | | | | | |
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| | In-Kind \$, ,, , | (8) Other Distributions | | | | | | | | |
| | (9) TOTAL Monetary Contributions To Date \$,,, | (10) TOTAL Monetary Expenditures To Date \$,1_, | | | | | | | | |
| | (11) Cert It is a first degree misdemeanor for any pers | ification on to falsify a public record (ss. 839.13, F.S.) | | | | | | | | |
| \bigcirc | Type name) Michelle Myyanelle Treasurer Deputy Treasurer Deputy Treasurer Deputy Treasurer X Mulle Myyanelle Treasurer Deputy Treasurer X Mulle Myyanelle X Mulle Myyanelle Signature Signature Deputy Treasurer X Mulle Myyanelle Signature Deputy Treasurer Deputy Treasurer X Mulle Myyanelle Deputy Treasurer Deputy Trea | (Type name) Toe Morgane// Candidate Chairperson (only for PC and PTY) X Signature | | | | | | | | |
| | DS-DE 12 (Rev. 11/13) | SEE RÉVERSE FOR INSTRUCTIONS | | | | | | | | |

| (1) Name | | | (2) I.D. Number | | | | |
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| \bigcirc | CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (1) Name (2) I.D. Number | | | | | | | | | |
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| | (3) Cover Period | /through | (| 4) Page | of | | | | | |
| | (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) Expenditure Type | (10) Amendment | (11) Amour | | | | |
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| 7 | CAMPAIGN TREASURER'S REPORT SUMMARY | | | | | | | | |
|---|-------------------------------------|--|--|--|--|--|--|--|--|
| | (1) | Joe Morganelli | OFFICE USE ONLY | | | | | | |
| | (2) | Name 16535 High land aul Address (number and street) Montverde fl 34756 City, State, Zip Code | | | | | | | |
| | | ☐ Check here if address has changed | (3) ID Number: | | | | | | |
| | (4) | (4) Check appropriate box(es): Candidate Office Sought: | | | | | | | |
| | | (5) Report | Identifiers | | | | | | |
| | - | er Period: From 09 / 2/ / 2014 To | 10 104 12024 Report Type: 2021 64 | | | | | | |
| 3 | (6) | Contributions This Report | (7) Expenditures This Report | | | | | | |
| ز | Cash & Checks \$,, | | Monetary Expenditures \$,, | | | | | | |
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| | III-NI | πu Ψ <u></u> , ,, , | (8) Other Distributions \$,, | | | | | | |
| | (9) | TOTAL Monetary Contributions To Date \$ | (10) TOTAL Monetary Expenditures To Date \$ | | | | | | |
| | | (11) Cert It is a first degree misdemeanor for any pers | tification on to falsify a public record (ss. 839.13, F.S.) | | | | | | |
| 3 | (T) | pertify that I have examined this report and it is true, corresponding to the latest property of the latest proper | (Type name) De Wrawl) Candidate | | | | | | |
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| (1) Name | | (2) I.D. Number | | | | | | |
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| | CAMPAIGN TREASURE | R'S REPORT SUMMARY |
|--|---|---|
| CAMPAIGN TREASURER'S REPORT SUMMARY (1) | | |
| | (2) 16535 Highland aul Address (number and street) Montverce fl 34756 | |
| | | (3) ID Number: |
| | (4) Check appropriate box(es): Candidate Office Sought: Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an | Check here if PC or ECO has disbanded |
| | Cover Period: From 9 / 7 / 2624 To | 9 / 20 / 2024 Report Type: 2029 63 |
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| | (11) Cer It is a first degree misdemeanor for any pers | tification son to falsify a public record (ss. 839.13, F.S.) |
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| | 9/24/24 | |

| 1 | (1) Name | | | | (2) |) I.D. Number | | |
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| | (5) Date | (7) Full Name (Last, Suffix, First, Middle) | | (8) | (9) | (10) | (11) | (12) |
| | (6) Sequence Number | Street Address & | Со Туре | ontributor Occupation | Contribution Type | In-kind Description | Amendment | Amount |
| | 9,23,24 | City, State, Zip Code John & Bonnic Budura | I | | CAS | Donor | | 100.00 |
| | 9,23,24 | Herbert Heilmann | エ | | CAS | Box | | 50.00 |
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES (1) Name _ (2) I.D. Number ___ (3) Cover Period ____/ ___ through ____/____ (4) Page _____ of ___ (8) (10) (7) (9) (11) (5) Date Full Name Purpose (Last, Suffix, First, Middle) (add office sought if (6) Expenditure Street Address & City, State, Zip Code contribution to a Sequence Type Amount Amendment candidate) Number Advertising 462.94 CAN

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

DS-DE 14 (Rev. 11/13)

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| 9 | CAMPAIGN TREASURE | R'S REPORT SUMMARY | | | | |
|---|---|---|--|--|--|--|
| ر | 11) Joe Morganelli | OFFICE USE ONLY | | | | |
| | Name 16535 Highland aul Address (number and street) Wontverde AL 34756 City, State, Zip Code | RECEIVED | | | | |
| | ☐ Check here if address has changed | (3) ID Number: | | | | |
| | ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) | 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 | | | | |
| | | t Identifiers | | | | |
| Cover Period: From 8 / 24 / 2024 To 9 / 6 / 2024 Report Type: 2024/62 Original Amendment Special Election Report | | | | | | |
| 3 | (6) Contributions This Report | (7) Expenditures This Report | | | | |
| ۆر | Cash & Checks \$, | Monetary Expenditures \$, 536. 07 | | | | |
| | Loans \$,, | Transfers to Office Account \$,, | | | | |
| | Total Monetary \$,, | Total Monetary \$, , | | | | |
| | In-Kind \$, , , | (8) Other Distributions | | | | |
| | (9) TOTAL Monetary Contributions To Date \$,, 650. | (10) TOTAL Monetary Expenditures To Date \$, | | | | |
| (11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F. | | | | | | |
| | I certify that I have examined this report and it is true, com | rect, and complete: | | | | |
| ~ | (Type name) Mf Chelle Muguelli ☐ Individual (only for IE Treasurer ☐ peputy Treasurer or electioneering comm.) | (Type name) The Morganian Candidate Candidate Chairperson (only for PC and PTY) | | | | |
| | × Michelle Murganelle | X Signature | | | | |
| L | Signature DS-DE 12 (Rev. 11/13) | Signature SEE REVERSE FOR INSTRUCTIONS | | | | |

| 7 | (1) Name | be Morgane | <u>`</u> | | (2) | I.D. Number | | · · · · · · · · · · · · · · · · · · · |
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| | (5) Date (6) | (7) Full Name (Last, Suffix, First, Middle) | | (8) | (9) | (10) | (11) | (12) |
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES (2) I.D. Number _____ (1) Name _ (3) Cover Period ____/___ through ____/____ (4) Page _____ of ___ (8) (10) (11) (9) (7) Date Full Name Purpose (Last, Suffix, First, Middle) Street Address & (add office sought if . (6) Expenditure contribution to a Sequence Type Amount Amendment City, State, Zip Code candidate) Number Asta, TX 78759 Advertising CAN 536.07

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

DS-DE 14 (Rev. 11/13)

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| 7 | | CAMPAIGN TREASURE | R'S REPORT SUMMARY | | | | | |
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| ر | (1) | Joe Moragnelli | OFFICE USE ONLY | | | | | |
| | (0) | Name 16535 High land are | | | | | | |
| | (2) | Address (number and street) | · . | | | | | |
| | | Address (number and street) Montverce & 34756 | | | | | | |
| | | City, State, Zip Code ☐ Check here if address has changed | (3) ID Number: | | | | | |
| | (4) | Chack appropriate hov(es): | * | | | | | |
| Candidate Office Sought: Worker Town Council | | | | | | | | |
| | | ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) | ☐ Check here if PC or ECO has disbanded | | | | | |
| | | ☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an | ☐ Check here If PTY has disbanded ☐ Check here if no other IE or EC reports will be filed | | | | | |
| | | individual making electioneering communications) | | | | | | |
| | | (5) Report | Identifiers | | | | | |
| | Cove | er Period: From 8/16/24 To | 8 / 23 / 24 Report Type: 202461 | | | | | |
| | No | riginal | ecial Election Report | | | | | |
| 7 | (6) | Contributions This Report | (7) Expenditures This Report | | | | | |
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| | In-Ki | ind \$, , 250.00 | ,,, | | | | | |
| | | | (8) Other Distributions | | | | | |
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| | (9) | TOTAL Monetary Contributions To Date | (10) TOTAL Monetary Expenditures To Date | | | | | |
| | | \$,, 250.00 | . \$,,60.00 | | | | | |
| | | (11) Cert | dification on to falsify a public record (ss. 839.13, F.S.) | | | | | |
| 1 | 10 | certify that I have examined this report and it is true, corr | | | | | | |
| | | ype name) Michelle Moranelli | (Type name) Q Morgane), | | | | | |
| - | | Individual (only for IE Treasurer Deputy Treasurer electioneering comm.) | Candidate | | | | | |
| | | | | | | | | |
| | X | Michelle Mugazulle | Signature | | | | | |
| L | | E 12 (Rev. 11/13) | SEE REVERSE FOR INSTRUCTIONS | | | | | |

| | (1) Name | Ja | e Morgane | \prod_{i} | | (2) | I,D. Number | | |
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| | (3) Cover P | eriod | e Morgane 9,16,24 | throug | gh <u></u> / | 23124 | (4) Page | c | of |
| | (5) Date (6) Sequence Number | | (7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | Сс Туре | (8) ontributor Occupation | (9) Contribution Type | (10) In-kind Description | (11) | (12) Amount |
| | 8,16; | 24 | City, State, Zip Code Self Fund | I | | Che. | | | 250.00 |
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| (3) Cover Period | 8, 16,24 through 8 | (2) 16 1 | 1) Page1 | of | <u> </u> |
|--------------------------------|--|--|----------------------------|------|----------------|
| (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) Expenditure Type | (10) | (11) Amount |
| 8/15/24 | Town of Montrarde 17404 SIXth St Montrarde, FL Montrarde, 34756 | Qualifying FRE | CAN | | 60.00 |
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| | | CAMPAIGN TREASURE | R'S REPORT SUMMARY | | | |
|--|----------|--|---|--|--|--|
| ر | (1) | Joe Moragnelli | OFFICE USE ONLY | | | |
| | (2) | Name 16535 High land ave | | | | |
| | (2) | Address (number) and street) | | | | |
| | | City, State, Zip Code | | | | |
| | | Check here if address has changed | (3) ID Number: | | | |
| | (4) | Check appropriate box(es): | 1 - 0 | | | |
| | | ☐ Candidate Office Sought: ☐ Political Committee (PC) | de Town Council | | | |
| | | ☐ Electioneering Communications Org. (ECO) | ☐ 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 | | | |
| | | individual making electioneering communications) | | | | |
| | • | (5) Report | i Identifiers | | | |
| | • | | 8 / 23 / 24 Report Type: 202461 | | | |
| | | | ecial Election Report | | | |
| (6) Contributions This Report (7) Expenditures This Report | | | | | | |
| | Cash | h & Checks \$,,250.00 | Monetary Expenditures \$,, 60.60 | | | |
| | Loar | ns \$,,,, | Transfers to Office Account \$,, | | | |
| | Tota | I Monetary \$, , | Total Monetary \$, ,66.06 | | | |
| | In-Ki | ind \$, , , 25° . 00 | | | | |
| | | | (8) Other Distributions | | | |
| | | | | | | |
| | (9) | TOTAL Monetary Contributions To Date | (10) TOTAL Monetary Expenditures To Date | | | |
| | | \$,, 250 . 00 | . , , , , , , , , , , , , , , , , , , , | | | |
| | | (11) Cert | tification on to falsify a public record (ss. 839.13, F.S.) | | | |
| | Lo | ertify that I have examined this report and it is true, corre | • | | | |
| | | ype name) Michelle Moranelli | (Type name) Morgane), | | | |
| 9 | | Individual (only for IE Treasurer Deputy Treasurer electioneering comm.) | Candidate | | | |
| | 010 | | | | | |
| | X Sic | Michelle Mugazulle | Signature | | | |
| L | | E 12 (Rev. 11/13) | SEE REVERSE FOR INSTRUCTIONS | | | |

|) (| 1) Name J | € Morgane 8,16,24 | <u> []î</u> | a . | (2) | I.D. Number | | |
|-----|------------------------------|--|-------------|---------------------------------|------------------------|--------------------------------|--|--------|
| (3 | 3) Cover Period | 7/16/01 | throu | gh \ / | <u> </u> | . (4) Page | (| |
| | (5) Date (6) Sequence Number | (7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | Сс Туре | (8) ontributor Occupation | (9) Contribution Type | (10) In-kind Description | (11) | Amount |
| | 8,16,24 | City, State, Zip Code Self, Fund | I | | Che | | | 250.0 |
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| (3) Cover Period | CAMPAIGN TREASURER'S RE DE MORGA DELLI 1 8, 16,24 through 8 | 123,24 (| 4) Page <u>1</u> | of | 1 |
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| (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) Expenditure Type | (10) | (1 ² |
| 8/15/24 | Town of Montrarde 17404 SIVth St Montrarde, FL Montrarde, 34756 | Qualifying Fee | CAN | | 60. |
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