

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 8/16/2024 To 2/3/2025 Report Type: IR

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
 \$ _____ 1,289.40

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

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

Michelle Morganelli
 Signature

Joe Morganelli
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

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

(3) Cover Period ____ / ____ / ____ through ____ / ____ / ____ (4) Page ____ of ____

(6) 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
(8) Sequence Number		Type	Occupation				
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CAMPAIGN TREASURER'S REPORT -- ITEMIZED EXPENDITURES

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

(3) Cover Period ____ / ____ / ____ through ____ / ____ / ____ (4) Page _____ of _____

(8) 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
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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
11, 8, 24	Joe Morganelli 1635 Highland Ave Moundville FL 34756	Reimburse			103.02	RMB
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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

10/31/24

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)
- 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 10/19/2024 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) Michelle Morganelli

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

(Type name) Joe Morganelli

Candidate Chairperson (only for PC and PTY)

Michelle Morganelli

Signature

[Signature]

Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

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

(3) Cover Period ____ / ____ / ____ through ____ / ____ / ____ (4) Page ____ of ____

(6) 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
(8) Sequence Number		Type	Occupation	Type			
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Joe Morganello (2) I.D. Number _____
 (3) Cover Period 10, 19, 24 through 10, 31, 24 (4) Page 1 of 1

(8) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(9) Purpose (add office sought if contribution to a candidate)	(6) Expenditure Type	(10) Amendment	(11) Amount
10/19/24	Montverde 17404 6th St. Montverde FL 34756	Event			30.00
10/26/24	Dunkin 17330 Highway 50 Clermont FL 34711	Event Supplies			71.84
10/29/24	BJS 2677 S Hwy 27 Clermont FL 34711	Event Supplies			8.55
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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

10/18/24

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) 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 / 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

RECEIVED

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 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
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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 1 21 2024 To 10 1 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

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

Michelle Morganelli
 Signature

[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	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
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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
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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

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 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.)

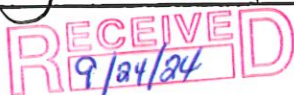
I certify that I have examined this report and it is true, correct, and complete:

(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)

[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 Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation				
9, 23, 24 45516288	John & Bonnie Budora	I		CAS	Donor Box		100.00
9, 23, 24 45516083	Herbert Heilmann	I		CAS	Donor 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 _____

(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
9/7/24	Cimpress 95 Hayden Ave Lexington, MA 02421	Advertising	CAN		462.94
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CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS

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

(3) Cover Period ____ / ____ / ____ through ____ / ____ / ____ (4) Page ____ of ____

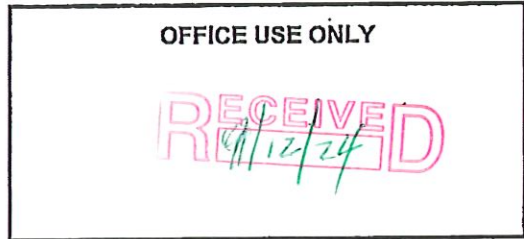
(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Related Expenditures	(10) Amendment	(11) Amount	(12) Distribution Type
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CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Joe Morganelli
Name

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

Montverde FL 34756
City, State, Zip Code



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 / 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
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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)
- 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

X _____

Signature

(Type name) Joe Morganelli

Candidate Chairperson (only for PC and PTY)

Joe Morganelli

X _____

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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