	CAMPAIGN TREASURER'S REPORT SUMMARY									
	Joe Moragnelli	OFFICE USE ONLY								
(2)	Name 16535 High land are									
	Address (number and street) 34756									
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number:								
	(4) Check appropriate box(es): Candidate Office Sought: WWWCKE 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									
	cover Period: From 8, 16, 2024 To 2, 3, 2025 Report Type: TP									
ł	and the state of t	ocial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
CE	ash & Checks \$,,	Monetary Expenditures \$								
Lo	ans \$	Transfers to Office Account \$,,								
	stal Monetary \$,,	Total Monetary \$,,								
ln-	KInd \$,,	(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	lification on to faisify a public record (ss. 839.13, F.S.)								
_	Certify that I have examined this report and it is true, com (Type name) (CALL MUJANULI)	(Type name) Jol Mo (Cave) (Candidate Chairperson (only for PC and PTY)								
-	Signature //W/W/W/W	Signature								
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(3) Cover Period		through/	/	. (4) raye		
(6) Date	(7) Full Name	(8)	(8)	(10)	(11)	(12)
(8) Sequence Number	(Last, Suffix, First, Mkidde) Sirect Address & City, State, Zip Code	Contributor Typa Occupation	Contribution Type	in-kind Description	Amendment	Amour
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(3) Cover Period	through	<u></u>	1) Page	of	,
(8) Date . (8) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address & ·	(8) Purpose (add office sought if contribution to a	(8)	(10)	(11)
Number / /	City, State, Zip Code	candidate)	Турв	Amendment	Amount
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De (I Bequ	5) sto 6) sonce	Ful (Last, Suffi Street	(7) Il Namo x, First, Mi Address &	ridie)	(8) Purpose (add office sought if contribution to a candidate)	(9) Related Expenditures	(10) Amendment	(11) Amount	(12) Distribution Type
11,2	8,24	Joe M 11535 Mordue 3	Highle Highle 1de F	li me	Reinburse			103.02	RMB
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	CAMPAIGN TREASURE	R'S REPORT SUMMARY
J	1) Joe Moraanelli	OFFICE USE ONLY
	Name 16535 High and are Address (number and street) White Land City, State, Zip Code	10/31/24
	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
	(5) Report	identifiers
	\ ,	10/31/2029 Report Type: 202966
_	(6) Contributions This Report	(7) Expenditures This Report
)	Cash & Checks \$,,	Monetary Expenditures \$, 130.39
	Loans \$,	Transfers to Office Account \$,,
	Total Monetary \$,,	Total Monetary \$
		(8) Other Distributions
	(9) TOTAL Monetary Contributions To Date \$	(10) TOTAL Monetary Expenditures To Date
	(11) Cer It is a first degree misdemeanor for any pers	tification con to faisify a public record (ss. 839.13, F.S.)
5	Certify that I have examined this report and it is true, con (Type name) (Melle Muyanell)	

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(1) Name	(2) J.D. Number							
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(5) Date	(7) Full Name (Last, Suffix, First, Mkiddle)		(8)	(9)	(10)	(11)	(12)	
Sequence Number	Street Address & City, State, Zip Code	Со Тура	Occupation	Contribution Type	in-kind Description	Amendment	Amoun	
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	(3) Cover Perio	d 10,19,24 through 10,	31,24	1) Page	of_	4 /
	(8) Date	(7) Full Name (Lest, Suffix, First, Middle)	(8) Purpose (add office sought if	(9)	(10)	(11)
	. (6) Sequence Number	Street Address & · City, State, Zip Code	contribution to a candidate)	Expenditure Type	Amendment	Amount
	10/19/22	17404 6th)T. Montue de F134756	'Event			5 0.00
	10/26/200	9 Dunkin 9 17330 Highway 50 Clernot FC 34711	Event Supplies			71.84
\cap	10/29/102	4 BJS 2677 S. HWY27 (lernont FL 34711	Event Supplies			8.55
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	(3) Cove	er Period	1 1	through	1 1	(4) Page	·	of
	(5) Date (6) Bequence Number	Full (Last, Suff) Street	(7) Name , First, Middle) Address & le, Zip Code	(a) Purpose	(9) Related Expenditures	(10) Amendment	(11) Amount	(12) Distribution Typo
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	CAMPAIGN TREASURE	R'S REPORT SUMMARY
O	11) Joe Morganelli	OFFICE USE ONLY
	Name 16535 High and aul Address (number and street) 1007 Verce FL 34756 City, State, Zip Code	10/18/24
	Check here if address has changed	(3) ID Number:
	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 / 2029 Report Type: 2029G5
		I i i i i i i i i i i i i i i i i i i i
0	(6) Contributions This Report	(7) Expenditures This Report
	Cash & Checks \$,,	Monetary Expenditures \$,
	Loans \$,,	Transfers to Office Account \$,,
	Total Monetary \$,,	Total Monetary \$,
	In-Kind \$,,	
		(8) Other Distributions \$, ,
	(9) TOTAL Monetary Contributions To Date \$,1,292 42_	(10) TOTAL Monetary Expenditures To Date \$,1,
	(11) Cert It is a first degree misdemeanor for any pers	dification
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0	Toertify that I have examined this report and it is true, correctly make the second of	(Type name) Toe Morgane// Candidate Chairperson (only for PC and PTY) X Signature
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(1) Name	(2) I.D. Number							
(3) Cover Period		through/	11	(4) Page	of			
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)	(8)	(9)	(10)	(11)	(12)		
(6) Sequence Number	Street Address & City, State, Zip Code	Contributor Type Occupation	Contribution Type	In-kind Description	Amendment	Amoun		
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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) Amendment	(11
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Se	(5) Date (6) equence lumber	(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 TREASURE	R'S REPORT SUMMARY			
	(1)	Joe Moraanelli	OFFICE USE ONLY			
	(2)	Name 16535 Highland aul Address (number and street) MONTVELCE FL 34756 City, State, Zip Code				
		Check here if address has changed	(3) ID Number:			
	(4)	☐ 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			
		(5) Report	Identifiers 7024 64			
			10 104 1204 Report Type: 2021 64			
	_	riginal Amendment Spe	(7) Expenditures This Report			
3		n & Checks \$, ,	Monetary Expenditures \$,,			
	Loar	s \$,,	Transfers to Office Account \$,,			
		I Monetary \$, ,	Total Monetary \$, ,			
	In-Ki	ind \$,,,,	(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	dification on to falsify a public record (ss. 839.13, F.S.)			
)	(T	certify that I have examined this report and it is true, corresponding to the first of the second se				
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(1) Name				(2)	I.D. Number		
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(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	Cc	(8) ontributor	(9)	(10) In-kind	(11)	(12)
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amour
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES (2) I.D. Number _____ (1) Name ____ (3) Cover Period ____/ ___ through ____/____ (4) Page _____ of ___ (10) (11) (7) (8) (9) (5) Full Name (Last, Suffix, First, Middle) Date Purpose (add office sought if (6) Expenditure contribution to a Street Address & Sequence Type Amount City, State, Zip Code candidate) Amendment Number DS-DE 14 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) N	ame		(2) I.D. Number						
(3) C	over Period/	/ through _	<u> </u>	(4) Page		of			
(6) Date (6) Sequent	(7) Full Name (Last, Suffix, First, M	(8) Purpose iddle) (add office sought if contribution to a	(9) Related Expenditures	(10) Amendment	(11) Amount	(12) Distribution Type			
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-	CAMPAIGN TREASURER'S REPORT SUMMARY							
	1) Joe Morganelli	OFFICE USE ONLY						
	Name 16535 Highland and Address (number and street) Wortverde fl 34756 City, State, Zip Code							
	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: ☐ 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 ☐ Check here if no other IE or EC reports will be filed						
	(5) Report	Identifiers						
		9 / 20 / 2024 Report Type: 2024 63 ecial Election Report						
2	(6) Contributions This Report	(7) Expenditures This Report						
3	Cash & Checks \$,,642.42	Monetary Expenditures \$,, 462.99						
	Loans \$,,	Transfers to Office Account \$,,						
	Total Monetary \$,,	Total Monetary \$,,						
	In-Kind \$,,	(8) Other Distributions \$,,						
	(9) TOTAL Monetary Contributions To Date \$,	(10) TOTAL Monetary Expenditures To Date						
	(11) Cer It is a first degree misdemeanor for any pers	tification son to falsify a public record (ss. 839.13, F.S.)						
7	Type name) Michelle MWanell Individual (only for IE or electioneering comm.) X Mulle Mwanelle Deputy Treasurer Deputy Treasurer Signature	(Type name) The Magnetic (Type name) The Magnetic (Type name) The Candidate (Type name) The Cand						

DS-DE 12 (Rev. 11/13)



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	(3) Cover Period		throug	gh/	1	_ (4) Page	c	of
	(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
	(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Сс Туре	ontributor Occupation	Contribution Type	in-kind Description	Amendment	Amount
	9,23,24	City, State, Zip Code John & Bonnie Buoura	I		CAS	Danor		100.00
	9,23,24	Herbert Heilmann	T		CAS	Box		50.00
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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
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(5) Date (6) Sequence Number	Full (Last, Suffix, Street A	7) Name First, Middle) ddress & , Zip Code	(8) Purpose	(9) Related Expenditures	(18) Amendment	(11)	(12) Distribution Type
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0	CAMPAIGN TREASURE	R'S REPORT SUMMARY				
	11) Joe Morganelli	OFFICE USE ONLY				
	Name (2) 16535 Highland auch Address (number and street) Whontverde fl 34756 City, State, Zip Code	RECEIVED				
	☐ Check here if address has changed	(3) ID Number:				
	(4) Check appropriate box(es): Candidate Office Sought:					
1	(5) Report	Identifiers				
	Cover Period: From 6 / 24 / 2024 To Original Amendment Special	9 1 6 12024 Report Type: 202462				
-	(6) Contributions This Report	(7) Expenditures This Report				
ز	Cash & Checks \$,	Monetary Expenditures \$, 536.07				
	Loans \$,,	Transfers to Office Account \$,,				
	Total Monetary \$,,	Total Monetary \$,,				
	III-Kilid	(8) Other Distributions \$,,				
	(9) TOTAL Monetary Contributions To Date \$,, 650	(10) TOTAL Monetary Expenditures To Date \$,, 59.6.07				
	(11) Cert It is a first degree misdemeanor for any pers	tification on to falsify a public record (ss. 839.13, F.S.)				
	I certify that I have examined this report and it is true, corr	ect, and complete:				
2	(Type name) Michelle Muguelli Individual (only for IE or electioneering comm.)	(Type name) Jee Morganul/ ☐ Chairperson (only for PC and PTY)				
1	x Mulelle Mulganelle Signature	X Signature				
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1	(1) Name	be Morgane	ì_		(2)	I.D. Number		
J	(3) Cover Period 8 / 24 / 24					(4) Page		of
	(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
	(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Со Туре	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
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	(5) Date . (6) Sequence Number	(7) Full Name (Last, Suffix, First, M Street Address of City, State, Zip Co	& . ode	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11)
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(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middie) 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 TREASURE	R'S REPORT SUMMARY
ر	(1) Joe Morganelli (2) 16535 Highland are	OFFICE USE ONLY
	Address (number and street) Address (number and street) Address (number and street) Address (number and street) City, State, Zip Code Check here if address has changed (4) Check appropriate box(es): Candidate Office Sought:	(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
	Cover Period: From 8/16/24 To	Identifiers 8 / 23 / 24 Report Type: 202461 ecial Election Report
)	(6) Contributions This Report	(7) Expenditures This Report Monetary
	Cash & Checks \$,,250.00	Expenditures \$, 60.60
	Loans \$,,	Transfers to Office Account \$,,
	Total Monetary \$,,,,,,,	Total Monetary \$,, _66 · _06
		(8) Other Distributions \$, ,
	(9) TOTAL Monetary Contributions To Date \$,,,,	(10) TOTAL Monetary Expenditures To Date
	(11) Cer It is a first degree misdemeanor for any pers	tification on to falsify a public record (ss. 839.13, F.S.)
3	Toertify that I have examined this report and it is true, corrections (Type name) Individual (only for IE or electioneering comm.) X	(Type name) O Morgane (Candidate Chairperson (only for PC and PTY) Signature SEE REVERSE FOR INSTRUCTIONS

(5)		Morgane 9,16,24	<u> </u>	(8)	(9)	(10)	(11)	(12)
Date (6) Sequenc Numbe		Full Name (Last, Suffix, First, Middle) Street Address &	Сі Туре	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
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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)	(11) Amount
	8/15/24	Town of Montrarde 17404 Sixth St Montrarde, FL Montrarde, 34756	Qualifying Fee	CAN		60.00
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