

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Thomas Johnson  
 Name  
 (2) 16037 Magnolia Terr Blvd  
 Address (number and street)  
Montverde, FL 3247  
 City, State, Zip Code

OFFICE USE ONLY

10-31-24

(3) ID Number: 2024-05

Check here if address has changed

(4) Check appropriate box(es):  
 Candidate Office Sought: Councilman  
 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 10/19/24 To 10/31/24 Report Type: 202466  
 Original  Amendment  Special Election Report

(6) Contributions This Report

Cash & Checks \$ ~~0,000.00~~

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

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

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

(7) Expenditures This Report

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

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

Total Monetary \$ ~~0~~

(8) Other Distributions \$ ~~0~~

(9) TOTAL Monetary Contributions To Date  
 \$ \_\_\_\_\_ 160.00

(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.S.)

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

(Type name) Thomas Johnson  
 Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer  
 X [Signature]  
 Signature

(Type name) Thomas Johnson  
 Candidate  Chairperson (only for PC and PTY)  
 X [Signature]  
 Signature

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

(1) Name Thomas Johnson (2) I.D. Number 2024-05  
 (3) Cover Period 10/19/24 + through 10/31/24 (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
(6) Sequence Number					
<del>11/1/24</del>	Town of Montverde	Town Council	CAN		<del>0</del>
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**CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS**

(1) Name Thomas Johnson (2) I.D. Number 2024-05  
 (3) Cover Period 10/19/24 through 10/31/24 (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
11/1/24	Main Street Bank	\$		Self			\$100
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# CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Thomas Johnson  
Name

(2) 16037 Magnolia Terr Blvd  
Address (number and street)

Montverde, FL 3247  
City, State, Zip Code

OFFICE USE ONLY

Check here if address has changed

(3) ID Number: 2024-05

(4) Check appropriate box(es):  
 Candidate Office Sought: Councilman  
 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 9/12/24 To 10/14/24 Report Type: 2024G1  
 Original  Amendment  Special Election Report

(6) Contributions This Report

Cash & Checks	\$ <del>0,000.00</del>
Loans	\$ _____
Total Monetary	\$ _____
In-Kind	\$ _____

(7) Expenditures This Report

Monetary Expenditures	\$ _____
Transfers to Office Account	\$ _____
Total Monetary	\$ <del>0</del>

(8) Other Distributions  
 \$ \_\_\_\_\_ ~~0~~

(9) TOTAL Monetary Contributions To Date  
 \$ \_\_\_\_\_ 160.00

(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.S.)

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

(Type name) Thomas Johnson  
 Individual (only for IE or electioneering comm)  Treasurer  Deputy Treasurer

X [Signature]  
 Signature

(Type name) Thomas Johnson  
 Candidate  Chairperson (only for PC and PTY)

X [Signature]  
 Signature

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

(1) Name Thomas Johnson

(2) I.D. Number 2024-05

(3) Cover Period 9/12/24 through 10/4/24

(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
9/25/24	Town of Montverde	Town Council	cam		<del>0</del>
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**CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS**

(1) Name THOMAS JOHNSON

(2) I.D. Number 2024-05

(3) Cover Period 9 / 21 / 24 through 10 / 14 / 24

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

(5) Date	(6) Sequence Number	(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 / 25 / 24		11621N Street BANK	S		Self			\$100
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## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Thomas Johnson  
 Name  
 (2) 16637 Magnolia Terr. Blvd  
 Address (number and street)  
Montverde, FL 34756  
 City, State, Zip Code

OFFICE USE ONLY

9/26/24  
sm

Check here if address has changed

(3) ID Number: 2024-05

(4) Check appropriate box(es):

Candidate Office Sought: Councilman

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 / 24 To 9 / 12 / 24 Report Type: 2024G1

Original  Amendment  Special Election Report

(6) Contributions This Report

Cash & Checks \$ 0 , 0 , 0 . 0

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

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

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

(7) Expenditures This Report

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

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

Total Monetary \$ \_\_\_\_\_ 0

(8) Other Distributions \$ \_\_\_\_\_ 0

(9) TOTAL Monetary Contributions To Date  
 \$ \_\_\_\_\_ 100 . 00

(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.S.)

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

(Type name) Thomas Johnson

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

Thomas Johnson  
 Signature

(Type name) Thomas Johnson

Candidate  Chairperson (only for PC and PTY)

Thomas Johnson  
 Signature

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

(1) Name Thomas Johnson

(2) I.D. Number 2024-05

(3) Cover Period 8 / 7 / 24 through 9 / 20 / 24

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

(5) Date	(6) Sequence Number	(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 / 24 / 24		Main Street Bank	S		Self			\$100
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## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Thomas Johnson  
 Name  
 (2) 16637 Magnolia Terr. Blvd  
 Address (number and street)  
Montverde, FL 34756  
 City, State, Zip Code

OFFICE USE ONLY

9/14/24

Check here if address has changed

(3) ID Number: 2024-05

(4) Check appropriate box(es):

- Candidate Office Sought: Councilman
- 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 / 24 / 24 To 9 / 13 / 24 Report Type: 2024G1

Original  Amendment  Special Election Report

(6) Contributions This Report

Cash & Checks \$ 0, 0, 0, 0

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

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

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

(7) Expenditures This Report

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

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

Total Monetary \$ \_\_\_\_\_ 0

(8) Other Distributions  
 \$ \_\_\_\_\_ 0

(9) TOTAL Monetary Contributions To Date  
 \$ \_\_\_\_\_ 100 00

(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.S.)

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

(Type name) Thomas Johnson

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

Thomas Johnson  
 Signature

(Type name) Thomas Johnson

Candidate  Chairperson (only for PC and PTY)

Thomas Johnson  
 Signature

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

(1) Name Thomas Johnson (2) I.D. Number 2024-05

(3) Cover Period 8 / 24 / 24 through 9 / 13 / 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
<u>8 / 23 / 24</u>	<u>Main Street Bank</u>	<u>S</u>		<u>Self</u>			<u>\$100</u>
<u>  /  /  </u>							
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Thomas Johnson

(2) I.D. Number 2024-05

(3) Cover Period 8, 24, 24 through 9, 13, 24

(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
8/23/24	Town of Montverde	Town Council	cam		0
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## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Thomas Johnson  
 Name  
 (2) 16637 Magnolia Terr. Blvd.  
 Address (number and street)  
Montverde, FL 34756  
 City, State, Zip Code

OFFICE USE ONLY

8/26/24

Check here if address has changed

(3) ID Number: 2024-05

(4) Check appropriate box(es):

- Candidate Office Sought: Town Councilman
- 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: 2024G

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$            ,            , 160.00

Loans \$            ,            ,           

Total Monetary \$            ,            ,           

In-Kind \$            ,            ,           

### (7) Expenditures This Report

Monetary Expenditures \$            ,            ,           

Transfers to Office Account \$            ,            ,           

Total Monetary \$            ,            , 160.00

### (8) Other Distributions

\$            ,            , 160.00

### (9) TOTAL Monetary Contributions To Date

\$            ,            , 160.00

### (10) TOTAL Monetary Expenditures To Date

\$            ,            ,           

### (11) Certification

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

(Type name) Thomas Johnson

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

X [Signature]  
 Signature

(Type name) Thomas Johnson

Candidate  Chairperson (only for PC and PTY)

X [Signature]  
 Signature

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

(1) Name Thomas Johnson (2) I.D. Number 2024-05  
 (3) Cover Period 8/16/24 through 8/23/24 (4) Page      of     

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
8/22/24	Main Street Bank	S		CASH Self			\$100.00
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Thomas Johnson (2) I.D. Number 2024-05  
 (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) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
8/22/24 1-	Town of Montverde	Town Council	<del>check</del> CAN		\$60
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