CAMPAIGN TREASUR	RER'S REPORT SUMMARY
11) Thomas Johnson	OFFICE USE ONLY
Name (2) 16037 Magyolla Tor Bl Address (number and street) MONTO COLUMN STAT City, State, Zip Code	10-31-24
Check here if address has changed	(3) ID Number: 2024 - (0)5
(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)	
Cover Period: From 19/124 To	t identifiers, 10/31/24 Report Type: 202466
(6) Contributions This Report	(7) Expenditures This Report
Cash & Checks \$ 1, 0 7	Monetary Expenditures \$,
Loans \$,	Transfers to Office Account \$
Total Monetary \$,,	Total Monetary \$
In-Kind P	(8) Other Distributions
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Exponditures To Date
(11) Cert It is a first degree misdemeanor for any person I certify that I have examined this report and it is true, come	on to falsify a public record (ss. 839.13, F.S.)
(Type name) MOMBS AWSON Deputy Treasurer or electioneering comm) Deputy Treasurer Deputy Treasurer	(Type name) (Type

(1) Name Thomas Johnson (2) I.D. Number 2024-05						
(3) Cover Perio	oc 10/19/24 + hrough 10	131/24	4) Page			
(5) Date	(7)	(8)	(9)	(10)	(11)	
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & . City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendmen	t Amount	
11/1/124	Town of Montrerde	Town Council	can		-0	
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(1) Name Thomas Johnson (2) I.D. Number 2024 - 05							
(3) Cover Period 10/19/124 through 10/3/124 (4) Page of							
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	С Туре	Occupation	Contribution Type	In-kind Description	Amendment	Amount
1 1/1004	main street Bank	S		Sulf			\$100
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1 1							
/ /						***************************************	
DS-DE 13 (Rev. 11/13)		E DEV			ND CODE VALU		

CAMPAIGN TREASL	JRER'S REPORT SUMMARY
(1) Thomas Johnson	THE TORY SUMMARY
Name Name	OFFICE USE ONLY
Check here if address has changed	
(4) Check appropriate box(es): Candidate Office Sought: Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY)	(3) ID Number: 2024 - 05 Check here if PC or ECO has disbanded
☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)	☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed
TOVELLERING: From Its WYFF 1.01/1	rt identifiers
☐ Original ☐ Amendment ☐ S	o 10 /4/24 Report Type: 2024G1
(6) Contributions This Report	(7) Expenditures This Report
Cash & Checks \$ 6, 6	Monetary Expenditures \$
Loans \$	Transfers to Office Account \$
Total Monetary \$,,	Onice Account
In-Kind \$,	Total Monetary \$,
	(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 perso	ification
I certify that I have examined this report and it is true, corre	ect, and complete:
(Type name) (Type	(Type name) Thomas (MASY) Cendidate M. Chrimpenson (only for PC and PTY)
X Signature	X Signature
DS-DE 12 (Rev. 11/13)	SEE REVERSE FOR INSTRUCTIONS

(1) Name TRANSPORT - ITEMIZED EXPENDITURES (2) I.D. Number 2024-05						
(3) Cover Perio	od 9 /21/24 hrough 18	1/21/01	(4) Page	_		
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, Stale, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure	(10)	(11)	
8/25/24	Town of Montverde	Tourn	Capi	Amendment	Amount	
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(5)	101185 Jahn 19 121 124		/01	172	- (4) Fag	e	of
Date (6) Sequence	Full Name (Last, Suffix, First, Middle) Street Address &		()	(9)	(10)	(11)	(12)
Number 3 /25/24	City, State, Zip Code ,	Туре	Contributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
	rmain Street Bank,	9		Self			\$100
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1 1					The state of the s	NAME OF THE PARTY	
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CAMPAIGN TREASURE	R'S REPORT SUMMARY				
(1) Thomas Johnson	OFFICE USE ONLY				
Name (2) 16637 Mag Mona Torr, Blvd Address (number and street) City, State, Zip Code	9/26/24.				
Check here if address has changed	(3) ID Number: 2024 - 05				
(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 will be filed					
	Identifiers				
Cover Period: From 9 17 124 To	9 120 1 24 Report Type: 202461				
☐ Original ☐ Amendment ☐ Spe	ecial Election Report				
(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	(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, corr					
(Type name)	(Type name) (Type				

(1) Name MOMAS Johnson					(2) I.D. Numb	er 202	4-05
(3) Cover Perio	d 2 1-7 124	thro	ugh <u>9</u> /	2012		je	-
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	Туре	Contributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
0 1 1 1 107	Main Street Bank	5		Self			\$100
1 1							
1 1							
1 1							
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1 1		+					
DS-DE 13 (Rev. 11/13)	OF.	E DEM	EDEE FOR INC	TRUCTIONS	AND CODE		

CAMPAIGN TREASURE	R'S REPORT SUMMARY				
(1) Thomas Johnson	OFFICE USE ONLY				
Name (2) 16637 Mag 1014 Turn Blvd Address (number and street) City, State, Zip Code	9/14/24				
Check here if address has changed	(3) ID Number: 2024 - 05				
(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 will be filed					
0 01	Identifiers				
	9 / 13 / 24 Report Type: 20246				
☐ Original ☐ Amendment ☐ Specific Contributions This Report	ecial Election Report				
Cash & Checks \$	(7) Expenditures This Report Monetary Expenditures \$,,				
Loans \$,,	Transfers to Office Account \$, ,				
Total Monetary \$,, In-Kind \$, , .	Total Monetary \$,,				
111-Kilid	(8) Other Distributions \$,				
(9) TOTAL Monetary Contributions To Date	(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, corre					
(Type name) The Some of the state of the st	(Type name) (NEWZS (UMSON) Candidate Chalrperson (only for PC and PTY) X Signature				

	iomas Johns	-) I.D. Number		
(3) Cover Period	8 124 124	throu	ugh <u>9</u> /	13 124	(4) Page		of
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	C	(8)	(9)	(10) In-kind	(11)	(12)
Number 9 , 23 , 24	City, State, Zip Code	Туре		Туре	Description	Amendment	Amount
0 , 23, 27	Main Stroot Bank	5		Self			\$100
1 1							
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1 1							
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1 1							
DS-DE 13 (Rev. 11/13)) Si	EE REV	ERSE FOR IN	STRUCTIONS A	ND CODE VALU	ES	

(1) Name Thomas Johnson (2) I.D. Number 2024 - 05						
(3) Cover Perio	od 8 , 24,24 through 9	10 01	(4) Page			
(5) Date	(7) Full Name	(8) Purpose	(9)	(10)	(11)	
. (6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount	
8/23/24	Town of Montverde	Town	Can		0	
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CAMPAIGN TREASURE	R'S REPORT SUMMARY				
(1) Thomas Johnson	OFFICE USE ONLY				
Name (2) 16637 Magnolia Test,	31vd. 8/26/24				
Check here if address has changed	(3) ID Number: 2024-05				
(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 will be filed				
	Identifiers				
	<u>8</u> / <u>23</u> / <u>24</u> Report Type: <u>2024</u> Gecial Election Report				
(6) Contributions This Report	(7) Expenditures This Report				
Cash & Checks \$, , 160 . 60	Monetary Expenditures \$, ,				
Loans \$, ,	Transfers to Office Account \$, , .				
Total Monetary \$, ,	Total Monetary \$, , <u>160</u> .				
In-Kind \$, ,	(9) Other Dietributions				
	(8) Other Distributions \$, , _160				
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date				
(11) Cert It is a first degree misdemeanor for any pers					
I certify that I have examined this report and it is true, correct, and complete:					
(Type name) Individual (only for IE or Treasurer Deputy Treasurer or electioneering comm) Signature	(Type name) Candidate Chairperson (only for PC and PTY) X Signature				
DS-DE 12 (Rev. 11/13)	√ SEE REVERSE FOR INSTRUCTIONS				

(1) Name Thomas Volunson (2) I.D. Number 2024-05												
(3) Cover Period 8 / 16 / 24 through 8 / 23 / 24 (4) Page of												
	(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)				
	Sequence Number	Street Address & City, State, Zin Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount				
8	122124	Main Street Bank	4		CAN		Manufolds of the state of the s	\$100,00				
		Bank	V		Seff							
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name (2) I.D. Number (3) I.D. Number (4) I.D. Number (5) I.D. Number (6) I.D. Number (6) I.D. Number (7) I.D. Number (7) I.D. Number (8) I												
(3) Cover Period 8 / 16 / 24 through 8 / 23/24 (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)	(11) Amount							
8 R2124 1-	Town of Montrarda	Course	chack CAN		\$60							
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