

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Paul Ryan

Name

(2) 17305 3rd St

Address (number and street)

Montverde, FL 34756

City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

OFFICE USE ONLY

RECEIVED

9/9/2021

(4) Check appropriate box(es):

Candidate Office Sought: 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 8/1/21 / _____ To 8/30/21 / _____ Report Type: _____

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ 100.00 , _____ . _____

Loans \$ _____ , _____ . _____

Total Monetary \$ _____ , _____ . _____

In-Kind \$ _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ 60.00 , _____ . _____

Transfers to Office Account \$ _____ , _____ . _____

Total Monetary \$ _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ 100.00 , _____ . _____

(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) Karen Ryan

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

X *Karen Ryan*

Signature

(Type name) Paul Ryan

Candidate Chairperson (only for PC and PTY)

X *Paul Ryan*

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 08/01/21 / ____ / ____ through 08/30/21 / ____ / ____ (4) Page 1 of 3

(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		
8/19/21 / / 1	Paul G. Ryan 17305 3rd St Montverde, FL 34756	S	Sales	CAS	N		\$100.00
/ /							
/ /							
/ /							
/ /							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Karen Ryan

(2) I.D. Number _____

(3) Cover Period 8/1/21 / ____ / ____ through 8/30/21 / ____ / ____

(4) Page 1 of 3

(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					
8/19/21 / / 1	Town of Montverde 17404 6th St Montverde, Fl 34756	Filing Fee	CAN		\$60.00
/ /					
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