| CAMPAIGN TREASURE  | CAMPAIGN TREASURER'S REPORT SUMMARY   |  |  |  |  |  |
|--|---|--|--|--|--|--|
| (1) Allan Hartle   | OFFICE USE ONLY   |  |  |  |  |  |
| (2) 16191 Hill Side Circle Address (number and street)  Mon Lyerde, FL 34756  City, State, Zip Code  | BECEIVED<br>8.28.25   |  |  |  |  |  |
| Check here if address has changed  | (3) ID Number: <u>2025 - 04</u>   |  |  |  |  |  |
| (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 <u>8</u> / <u>15</u> / <u>25</u> To   | 081 22 1 25 Report Type: 2025-M   |  |  |  |  |  |
| 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  |  |  |  |  |  |
| \$   | \$ <u></u>  |  |  |  |  |  |
| (11) Cert<br>It is a first degree misdemeanor for any perso  |   |  |  |  |  |  |
| I certify that I have examined this report and it is true, corre   | ect, and complete:  |  |  |  |  |  |
| (Type name) G(r/155a HavHe ☐ Individual (only for IE or electioneering comm.)  | (Type name)   On + Or + C Candidate   |  |  |  |  |  |
| X Carlissa Hall<br>Signature   | xallon Hartle   |  |  |  |  |  |
| Signature  | Signature   |  |  |  |  |  |

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

| (1) Name Carlissa Hartle                                     |  |      |   | (2) I.D. Number <u>2025-04</u> |                        |           |        |  |  |  |
|--|--|------|---|--------------------------------|------------------------|-----------|--------|--|--|--|
| (3) Cover Period 8 / 15 / 25 through 8 / 22 / 25 (4) Page of |  |      |   |                                |                        |           |        |  |  |  |
| (5)  | (7)  |      | (8)                                     | (9)                            | (10)                   | (11)      | (12)   |  |  |  |
| Date<br>(6)<br>Sequence<br>Number                            | Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | Туре | Contributor Occupation                  | Contribution<br>Type           | In-kind<br>Description | Amendment | Amount |  |  |  |
| 081 15125<br>1   | Hartle, Allan H<br>1619   Hillside Cir.<br>Montverde, FL<br>34756              | ]    | HEJ<br>Environmen<br>Health +<br>satety | al CAS                         |                        |           | 500.00 |  |  |  |
| 1 1  |  |      |   |                                |                        |           |        |  |  |  |
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|  |  | -    |   |                                |                        |           |        |  |  |  |

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

|                           | lissa Hartle   |  | ?) I.D. Number      | TURES<br>r 2025-04 |       |  |
|---------------------------|--|--|---------------------|--------------------|-------|--|
| Cover Period              | 8 115125 through 81  | <u> 221 25</u> (4  | l) Page             | of                 |       |  |
| (5)<br>Date               | (7)<br>Full Name   | (8)<br>Purpose   | (9)                 | (10)               | (11)  |  |
| (6)<br>Sequence<br>Number | (Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (add office sought if<br>contribution to a<br>candidate) | Expenditure<br>Type | Amendment          | Amou  |  |
| 8/18/25                   | Town of Montverde<br>17404 6th street<br>Montverde, FL 34756               | Filing Fee   | CAN                 |                    | (W.CX |  |
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