

# CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Grant Roberts

Name

(2) 16004 Ridgewood Ave

Address (number and street)

Montverde, FL 34756

City, State, Zip Code

☐ Check here if address has changed

## OFFICE USE ONLY

Recv. 9.11.2025  
smj

(3) ID Number: 2025-01

(4) Check appropriate box(es):

☒ Candidate Office Sought: 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 / 23 / 25 To 9 / 5 / 25 Report Type: 2025-M2

☒ Original

☐ Amendment

☐ Special Election Report

## (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_

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

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

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

## (7) Expenditures This Report

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

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

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

## (8) Other Distributions

\$ \_\_\_\_\_

## (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ 3,000.00

## (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ 1,997.93

## (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)

Grant Roberts

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

X

Signature

(Type name)

Grant Roberts

☒ Candidate ☐ Chairperson (only for PC and PTY)

X

Signature

# CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Grant Roberts

(2) I.D. Number 2025-c1

(3) Cover Period 8/23/25 through 9/5/25

(4) Page 1 of 1

(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
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# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Grant Roberts (2) I.D. Number 2025-01  
 (3) Cover Period 8 / 23 / 25 through 9 / 5 / 25 (4) Page 1 of 1

(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		
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