

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Grant Roberts
Name

(2) 16004 Ridgewood Ave
Address (number and street)

Mentor, FL 34756
City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: 2005-01

OFFICE USE ONLY

RECEIVED
10/23/25

(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 10 / 4 / 25 To 10 / 17 / 25 Report Type: 2005-M5

☐ 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

\$ 2,587.43

(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 2025-01
 (3) Cover Period 10 / 4 / 25 through 10 / 17 / 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 205-01

(3) Cover Period 10 / 4 / 25 through 10 / 17 / 25 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
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