

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



(3) ID Number: 2025-01

(4) Check appropriate box(es):

- | | | |
|--|-------------------------------|--|
| <input type="checkbox"/> Candidate | Office Sought: <u>Council</u> | <input type="checkbox"/> Check here if PC or ECO has disbanded |
| <input type="checkbox"/> Political Committee (PC) | | <input type="checkbox"/> Check here if PTY has disbanded |
| <input type="checkbox"/> Electioneering Communications Org. (ECO) | | <input type="checkbox"/> Check here if no other IE or EC reports will be filed |
| <input type="checkbox"/> Party Executive Committee (PTY) | | |
| <input type="checkbox"/> Independent Expenditure (IE) (also covers an individual making electioneering communications) | | |

(5) Report Identifiers

Cover Period: From 9/30/25 To 10/3/25 Report Type: 2025-M4

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , _____ . _____

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 590.00

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 3,000.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 2,597.43

(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

[Signature]
Signature

(Type name) Grant Roberts
 Candidate Chairperson (only for PC and PTY)

[Signature]
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Grant Roberts

(2) I.D. Number 2025-01

(3) Cover Period 9/20/25 through 10/3/25

(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
(6) Sequence Number					
9/21/25	Willie's Bar-B-Que 906 Sunny Dell Dr Orlando, FL 32818	Food catering	Cas		590.00
1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Grant Roberts (2) I.D. Number 2005-01

(3) Cover Period 9/20/25 through 10/3/25 (4) Page 1 of 1

(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		
/ /							
/ /							
/ /							
/ /							
/ /							