CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Allan Hartle	OFFICE USE ONLY						
Name    16   9   Hillside Circle   Address (number and street)   Montverde   FL 34756   City, State, Zip Code	RECEIVED 10 2925D						
☐ Check here if address has changed	(3) ID Number:						
(4) Check appropriate box(es):    Candidate Office Sought:   Town Council Seat     Political Committee (PC)   Check here if PC or ECO has disbanded     Party Executive Committee (PTY)   Check here if PTY has disbanded     Independent Expenditure (IE) (also covers an individual making electioneering communications)							
(5) Report	Identifiers						
Cover Period: From 10 / 18 / 25 To	10 1 30 1 25 Report Type: 2025-MG						
☐ Original ☐ Amendment ☐ Special Election Report							
(6) Contributions This Report	(7) Expenditures This Report						
Cash & Checks \$	Monetary Expenditures \$						
Loans \$	Transfers to Office Account \$,,						
Total Monetary \$,  In-Kind \$,	Total Monetary \$, ,						
	(8) Other Distributions \$,						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date \$,						
(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, corre	ect, and complete:						
(Type name) Carlissa Hartle ☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.)	(Type name)						
X Carles Signature	xallan Harbe Signature						

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

(1) Name <u></u>	Allan Hartle (2) I.D. Number 2025								
(3) Cover Period 10 1 18 1 25 through 10 1 30 1 25 (4) Page of									
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	C Type	(8)  Contributor  Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12)		
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (1) Name (2) I.D. Number (2) 25 0								
(3) Cover Perio	nd 10 , 18, 25 through 10 ,	30125 (	1) Page(	of_				
(5) Date (6) Sequence Number	(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)	(11) Amount			
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