

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Allan Hartle
 Name
 (2) 10191 Hillside Circle
 Address (number and street)
Montverde, FL 34756
 City, State, Zip Code



Check here if address has changed

(3) ID Number: 2025-04

(4) Check appropriate box(es):

- Candidate Office Sought: Town Council member
- 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: 2025-MS

- Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____

Loans \$ _____

Total Monetary \$ _____

In-Kind \$ _____

(7) Expenditures This Report

Monetary Expenditures \$ 1,010.00

Transfers to Office Account \$ _____

Total Monetary \$ 1,010.00

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ 1,411.75

(10) TOTAL Monetary Expenditures To Date

\$ 1,068.53

(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) Carlissa Hartle
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X Carlissa Hartle
 Signature

(Type name) Allan Hartle
 Candidate Chairperson (only for PC and PTY)

X Allan Hartle
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Allan Hartle (2) I.D. Number 2025-04

(3) Cover Period 10, 04, 25 through 10, 17, 2025 (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				
/ /	None						
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Alan Hartle (2) I.D. Number 2025-04
 (3) Cover Period 10.04.25 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
(6) Sequence Number					
10/14/25 2025-MS 1	Seacoast Bank 1000 East Highway 50 Clermont, FL 34711	CAN Account Maintenance Fee	CAN	ADD	10.00
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