

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Allan Hartle
Name

(2) 16191 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
- 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 / 31 / 25 To 01 / 29 / 26 Report Type: TRM

- Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , .

Loans \$, , .

Total Monetary \$, , .

In-Kind \$, , .

(7) Expenditures This Report

Monetary Expenditures \$, , 343 . 22

Transfers to Office Account \$, , .

Total Monetary \$, , 343 . 22

(8) Other Distributions

\$, , .

(9) TOTAL Monetary Contributions To Date

\$, , 411 . 75

(10) TOTAL Monetary Expenditures To Date

\$, , 411 . 75

(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 10/31/25 through 01/29/26

(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		Amount
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/ /							
/ /							
/ /							
/ /							
/ /							

None

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _____ (2) I.D. Number _____
 (3) Cover Period ____/____/____ through ____/____/____ (4) Page ____ of ____

(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					
11/12/25 2025 TRM 1	Seacoast National Bank 1000 East Hwy 50 Clermont, FL 34756	CAN Account Maintenance Fee	CAS		10.00
12/11/25 2025 TRM 2	"	"	"		10.00
12/15/25 2025 TRM 3	Allan Hartle 16191 Hillside Circle Montverde, FL 34756	CAN	DJS		323.22
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