CAMPAIGN TREASURER'S REPORT SUMMARY						
 (1) <u>Ph./.p Stokes</u> Name (2) <u>20210 Larsete Circle</u> Address (number and street) <u>North Port Fit 39293</u> City, State, Zip Code 	CITY OF NORTH PORT					
Check here if address has changed (3) ID Number: (4) Check appropriate box(es): (3) ID Number: Candidate Office Sought: Political Committee (PC) District Electioneering Communications Org. (ECO) 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) Check here if no other IE or EC reports will be filed						
(5) Report	Identifiers					
Cover Period: From 𝑉 I I I To □ Original □ Amendment □ Spe	$\frac{9}{9} \frac{9}{9} \frac{1}{22}$ Report Type: $2022GZ$ cial Election Report					
(6) Contributions This Report (7) Expenditures This Report						
Cash & Checks \$,,	Monetary Expenditures \$,, <u>35</u> .000					
Loans \$	Office Account \$,, Total Monetary \$,,					
	(8) Other Distributions \$,,					
(9) TOTAL Monetary Contributions To Date \$,6, <u>375</u> .00	(10) TOTAL Monetary Expenditures To Date \$,, <u>66711</u>					
(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, corr (Type name) Philip Stocks s Individual (only for IE Treasurer Deputy Treasurer or electioneering comm.) X Signature	ect, and complete: (Type name) Philip States I Candidate Chairperson (only for PC and PTY) X Signature					

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SEE REVERSE FOR INSTRUCTIONS

					GIT	Y CLERK		
13 SEP'22AM10:03:23 CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS CITY OF NORTH PORT								
(1) Name	Philip Stoks	ſ		(2)				
(3) Cover Period 8/27_/22_ through 9/9_12\ (4) Page of								
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)	
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Сс Туре	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount	
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DS-DE 13 (Rev. 11	/13)	SEE R	EVERSE FOR		S AND CODE VA	LUES		
No Per In fires II	,							

13 SEP'22AM10:03:34 CITY OF NORTH PORT **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES** (2) I.D. Number <u>2012</u> G2 (1) Name _____ Philip Status (3) Cover Period 8/27/22 through 9/9/22 (4) Page / of / (9) (10) (11) (8) (7) (5) Date Purpose Full Name (add office sought if (Last, Suffix, First, Middle) (6) Expenditure contribution to a Street Address & Sequence Type Amount candidate) Amendment City, State, Zip Code Number Tijen Bry Cr-6 1601 P.NS Lah Dr Urnice FL 34285 How Loud CAN 35.00 8/26/22 /

CITY CLERK

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