

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Philip Stokes
Name

(2) 20210 Lakeside Circle
Address (number and street)

North Port FL 34293
City, State, Zip Code

OFFICE USE ONLY
CITY CLERK
3 NOV'22 PM 12:30:08
CITY OF NORTH PORT

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: North Port Commission District 5
- 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 10/22/22 To 11/3/22 Report Type: 2022 67

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 100.00

Loans \$ _____, _____, _____

Total Monetary \$ _____, _____, 100.00

In-Kind \$ _____, _____, _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 3.00

Transfers to Office Account \$ _____, _____, _____

Total Monetary \$ _____, _____, 3.00

(8) Other Distributions

\$ _____, _____, _____

(9) TOTAL Monetary Contributions To Date

\$ _____, 11, 184.96

(10) TOTAL Monetary Expenditures To Date

\$ _____, 8, 134.82

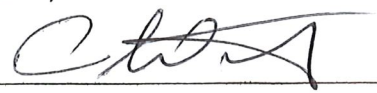
(11) Certification

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:

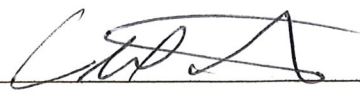
(Type name) Philip Stokes

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

X 
Signature

(Type name) Philip Stokes

Candidate Chairperson (only for PC and PTY)

X 
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

NOV 12 12:30:17
CITY OF NORTH PORT

(1) Name Philip Stokes

(2) I.D. Number 2022 67

(3) Cover Period 10 1 22 through 11 3 22

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
11/1/22 1	JAMES GLAS 5091 Redwood Ter North Port FL 34287	I	Retired	CHE			100. ⁰⁰
1/1							
1/1							
1/1							
1/1							
1/1							
1/1							
1/1							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Philip Stokes

(2) I.D. Number 2022 67

(3) Cover Period 10/22/22 through 11/3/22

(4) Page 1 of 2

(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
10/22/22 1	TERRI BARKER TACONDA BLVD JAMES FL 34293	Barker Sys File	Card		3.00
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