CAMPAIGN TREASURER'S REPORT SUMMARY						
(1) Philip Stokes	OFFICE USE ONLY CITY CLERK					
Name ´						
(2) 20210 LASSATE CICLE	X4 JON XXHUTA-12:00					
Address (number and street)	CITY OF NORTH PORT					
North Pont FC 34293	OTH OLIGINAL CONT.					
City, State, Zip Code						
Check here if address has changed	(3) ID Number:					
(4) Check appropriate box(es):						
Candidate Office Sought: North Post	Commission DISTALLE S					
Political Committee (PC)						
☐ Electioneering Communications Org. (ECO)	☐ Check here if PC or ECO has disbanded☐ Check here if PTY has disbanded					
☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an	_  Check here if PTY has disbanded _  Check here if no other IE or EC reports will be filed					
individual making electioneering communications)						
(5) Report Identifiers						
Cover Period: From 6 / / 1 22 To 6 / 17 / 22 Report Type: 2022-P1						
☐ Original ☐ Amendment ☐ Spe	ecial Election Report					
(6) Contributions This Report	(7) Expenditures This Report					
	Monetary					
Cash & Checks \$ , ,	Expenditures \$,, <u>35/ 80</u>					
<b>.</b>	T					
Loans \$,	Transfers to Office Account \$ , ,					
	Office Account \$ , ,					
Total Monetary \$,,	Total Manatana A					
· · · · · · · · · · · · · · · · · · ·	Total Monetary \$,					
In-Kind \$ , ,	(9) Other Dietributions					
	(8) Other Distributions					
*	\$,					
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
\$ , 3,200.00	\$					
(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, cor	rect, and complete:					
(Type name) Ph. I.p Stokes	(Type name) Philip Stokes					
☐ Individual (only for IE 🙍 Treasurer ☐ Deputy Treasurer	(Type name) Philip 5+okes  Scandidate Chairperson (only for PC and PTY)					
or electioneering comm.)	1					
x last	x					
X ONT Signature	Signature					
Signature DS-DE 12 (Rev. 11/13)	SEE REVERSE FOR INSTRUCTIONS					

DS-DE 12 (Rev. 11/13)

CITY CLERK
24 JUN'22AH10:19:39
CITY OF NORTH PORT

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES (1) Name Philip Stokes (2) I.D. Number 2022 - Pl (3) Cover Period 6/1 / 22 through 6/1/2 / 22 (4) Page \_\_\_\_\_\_\_ of \_\_\_\_\_ (11) (10) (8) (9) (7) (5)Date Purpose **Full Name** (Last, Suffix, First, Middle) (add office sought if Expenditure (6) contribution to a Street Address & Sequence Type **Amount** Amendment candidate) City, State, Zip Code Number PetitiON FERS 6/10/2 Boxes of County Commissions 3.80 CANd SAFASOFA, FL 34236 6/13/22 4970 City for 73/18 4 Now 12 PONT FL 34286 Assessment FEE 348.00 CAN

CITY CLERK

## CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS 24 JUN 22 AM 10:19:46

(1) Name	Philip Stalies	Lakes (2) I.D. Number 05 NORTH PO					POPT/	
(3) Cover Period 6 1 1 1 2 through 6 1 17 122 (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	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount	
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES