CAMPAIGN TREASURER'S REPORT SUMMARY				
(1) Philip Stokes	OFFICE USE ONLY			
Name '	CITUOL CDV			
(2) 20210 Lagenter Circle Address (number and street)  North Pont FL 3425	29 JUL'22AM10:20:08			
North Por FC 3429	CITY OF NORTH PORT			
City, State, Zip Code				
Check here if address has changed	(3) ID Number:			
(4) Check appropriate box(es):				
	Check here if PC or ECO has disbanded			
<ul> <li>☐ Party Executive Committee (PTY)</li> <li>☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)</li> </ul>	☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed			
(5) Report	Identifiers			
Cover Period: From 7 / 16 / 22 To	7/22/22 Report Type: 2022 PY			
☐ Original ☐ Amendment ☐ Spo	ecial Election Report			
(6) Contributions This Report	(7) Expenditures This Report			
Cash & Checks \$,,,	Monetary Expenditures \$,,3.			
Loans \$,,	Transfers to Office Account \$,,			
Total Monetary \$,,	Total Monetary \$ , , , 50			
In-Kind \$,,	(O) Other Distributions			
	(8) Other Distributions \$ , ,			
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date			
\$,3,625.00	\$			
	tification son 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) Philip 5+6cs  ☐ Individual (only for IE	(Type name) Philip Stokes  ★ Candidate Chairperson (only for PC and PTY)			
1 1 1 1	x /alakat			
X Signature	Signature			

CITY CLERK 29 JUL'22AM10:20:31 CITY OF NORTH PORT

(1) Name CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES (2) I.D. Number 222 - P4								
	d 71/6124 through 7/		l) Page					
(5) Date (6) Sequence Number	(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			
7/21/2-	Trusi Brok Therranda Blud Vance FL 34291	Banks Sorvert Fec	Cand		3.00			
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**CITY CLERK** 

29 JUL'22AM10:20:20

## CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

CITY OF WORTH PORT

(1) Name	Name Philip Stokes			(2) I.D. Number <u>2022 <b>P</b></u>			2 1P3/
	7/1/6/22		gh <u> </u>	22/22	(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	Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
7/20 122	DESMS SEIFER 20140 RASMENCIO VENCE ELZY293	-		CHE			50.00
/	V ENCE E 34293						
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES