

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Andrew Sias
Name

(2) 2548 Oracle Lane
Address (number and street)

North Port FL 34286
City, State, Zip Code

Check here if address has changed

OFFICE USE ONLY

CITY CLERK
9 APR '24 PM 4:45:40
CITY OF NORTH PORT

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: North Port Commission Dist 3

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 1/1/24 To 3/1/24 Report Type: Q1

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 550.00

Loans \$ _____, _____, _____

Total Monetary \$ _____, _____, 550.00

In-Kind \$ _____, _____, 133.75

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 244.63

Transfers to Office Account \$ _____, _____, _____

Total Monetary \$ _____, _____, 244.63

(8) Other Distributions

\$ _____, _____, _____

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, 2,720.75

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 593.34

(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) Robert Sisson

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

X 
Signature

(Type name) ANDREW SIAS

Candidate Chairperson (only for PC and PTY)

X 
Signature

CITY CLERK
9 APR '24 PM 4:45:57
CITY OF NORTH PORT

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name ANDREW SIAS (2) I.D. Number _____

(3) Cover Period 1/1/24 through 3/31/24 (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
3/16/24	Ronald Cibolski Candace Cibolski 5328 White Rd North Port FL 34287	Retired	check			200.00
3/16/24	Patricia Garra 4425 Badosa North Port FL 34286	Housp wife	check			100.00
3/9/24	Highland Property 246 Island Cir Sarasota FL 34242	Real Estate	check			100.00
3/16/24	John + Patty Chihil 5614 Lingle St North Port FL	Retired	check			50.00
3/25/24	Lydia Tower 5662 Rutherford North Port FL 34286	Retired	check			100.00
3/16/24	William Haugh 2631 Tomaso North Port FL 34287	Retired		Hot dogs Hot dogs Charcoal for event		100.00
1/31/24	Venice Print Center 20215 Tamiami VENICE FL	Printer Co		BUSINESS CARDS		133.75

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name ANDREW SIAP (2) I.D. Number _____
 (3) Cover Period 1/1/24 through 3/31/24 (4) Page 1 of 1

(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
1/1	Park n Rec City hall North Port FL 34287 34287	Additional hr. McKibben PK	Debit		15.98
1/1	941 Apparel	Shirts	Debit		139.75
1/1	Park n Rec City Hall North Port FL 34287	McKibben Park Rental	Debit		88.90
1/1					
1/1					
1/1					
1/1					
1/1					