	CAMPAIGN TREASURER'S REPORT SUMMARY					
(1)	Janis Denton	OFFICE USE ONLY				
	Name					
(2)	3932 Crooked Island Drive	OFFICE OF THE CITY CLERK				
	Address (number and street) Punta Gorda, FL 33950	C7-24-24A11:02 RCV				
	City, State, Zip Code	i i				
	☐ Check here if address has changed	(3) ID Number:				
(4)	Check appropriate box(es):					
, ,		unta Gorda District 4				
	Political Committee (PC)					
	☐ Electioneering Communications Org. (ECO)☐ Party Executive Committee (PTY)	☐ Check here if PC or ECO has disbanded ☐ Check here if PTY has disbanded				
	☐ Independent Expenditure (IE) (also covers an	☐ Check here if no other IE or EC reports will be filed				
	individual making electioneering communications)					
	(5) Report	Identifiers				
Cov	er Period: From 07 / 13 / 24 To	07 / 19 / 24 Report Type: P4				
Cover Period: From 07 / 13 / 24 To 07 / 19 / 24 Report Type: P4 V Original Amendment Special Election Report						
(6)	Contributions This Report	(7) Expenditures This Report				
	•	Monetary				
Cas	h & Checks \$, , , _0 . <u>00</u>	Expenditures \$, , 000				
Loai	ns \$, ,	Transfers to				
LUai	ns	Office Account \$, , .				
Tota	al Monetary \$, , 0. 00					
		Total Monetary \$, , 0. 00				
In-K	ind \$, , see					
		(8) Other Distributions				
		\$,,				
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date				
` '	\$, 5, 815 00	\$,1_, _47727				
(11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)						
J	certify that I have examined this report and it is true, corr	ect, and complete:				
п	_{ype name)} William E Page	_(Type name) Janis Denton				
	☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer ☐ Chairperson (only for PC and PTY)					
U	Chochoracting within.)					
_X	WURTE	x ruis Harring				
S	ignature	Signature				

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Janis	Denton_	(2) I.D. Number	

(3) Cover Period 0	7 / 13 / 24 through	0 7 / 19 / 24	(4) Page	1 of 1
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(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence	(Last, Suffix, First, Middle) Street Address &	Contributor		Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
	NO REPORT	. ,,,,	- coapanon	.,,,,,	2000		7
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURE'S REPORT – ITEMIZED EXPENDITURES

(2)	I.D.	Number	

(3) Cover Period 07 / 13 / 24 through 07 / 19 / 24

(4) Page 1 of 1

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
/	NO REPORT				
/ /					
/ /					
//					
/ /					
/ /					
/ /	-				
/ /					