

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Thomas Raffanello

Name

(2) 172 Key Heights Dr.

Address (number and street)

Tavernier, FL 33070

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: \_\_\_\_\_

OFFICE USE ONLY

08-16-2024 P02:43

(4) Check appropriate box(es):

☒ Candidate Office Sought: Village Council Seat 4

☐ 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 08 / 03 / 2024 To 08 / 15 / 2024 Report Type: 24P7

☐ Original

☐ Amendment

☐ Special Election Report

### (6) Contributions This Report

Cash & Checks \$        ,        , 50 . 00

Loans \$        , 1 , 000 . 00

Total Monetary \$        , 1 , 050 . 00

In-Kind \$        ,        ,        .       

### (7) Expenditures This Report

Monetary Expenditures \$        ,        , 480 . 00

Transfers to Office Account \$        ,        ,        .       

Total Monetary \$        ,        ,        .       

### (8) Other Distributions

\$        ,        ,        .       

### (9) TOTAL Monetary Contributions To Date

\$        , 1 , 050 . 00

### (10) TOTAL Monetary Expenditures To Date

\$        ,        , 480 . 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, correct, and complete:

(Type name) Susan Raffanello

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

X [Signature]  
Signature

(Type name) Tom Raffanello

☒ Candidate ☐ Chairperson (only for PC and PTY)

X [Signature]  
Signature

# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Thomas Raffanello (2) I.D. Number \_\_\_\_\_

(3) Cover Period 08 / 03 / 2024 through 08 / 15 / 2024 (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
(6) Sequence Number		Type	Occupation	Type	Description		
08 12 24 / / 1	Tom Raffanello 172 Key Heights Dr. Tavernier, FL 33070	S	Retired DEA	LOA			1000.00
08 14 24 / /	Susan Raffanello 172 Key Heights Dr. Tavernier, FL 33070	I		RCT			50.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

# CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Thomas Raffanello

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 08 / 03 / 2024 through 08 / 15 / 2024

(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
(6) Sequence Number					
08 / 12 / 24	Islamorada, Village of Islands 86800 Overseas Highway Islamorada, FL 33036	Qualifying Fee(s)			
1			CAN		480.00
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