

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

10-18-2024 P12:32

(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 10 / 25 / 2024 To 10 / 11 / 2024 Report Type: 24G5

☐ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 300. 00

Loans \$, ,

Total Monetary \$, , 300. 00

In-Kind \$, ,

(7) Expenditures This Report

Monetary Expenditures \$, , 62. 00

Transfers to Office Account \$, ,

Total Monetary \$, , 62. 00

(8) Other Distributions

\$, ,

(9) TOTAL Monetary Contributions To Date

\$, 12 , 500 . 52

(10) TOTAL Monetary Expenditures To Date

\$, 3 , 861 . 61

(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 Susan Raffanello
Signature

(Type name) Tom Raffanello

☒ Candidate ☐ Chairperson (only for PC and PTY)

X Tom Raffanello
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Thomas Raffanello

(2) I.D. Number _____

(3) Cover Period 10 / 05 / 2024 through 10 / 11 / 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
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Thomas Raffanello (2) I.D. Number _____

(3) Cover Period 10 / 05 / 2024 through 10 / 11 / 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		
10 / 11 / 24	Mark Riley 1327 Pierce St. Birmingham, MI 48009	I	Doctor	CHE			300.00
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