

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Thomas Raffanello

OFFICE USE ONLY

(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: _____

(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

10-18-2024 P12:32

(5) Report Identifiers		
Cover Period: From	<u>10</u> / <u>25</u> / <u>2024</u>	To <u>10</u> / <u>11</u> / <u>2024</u>
<input type="checkbox"/> Original	<input type="checkbox"/> Amendment	<input type="checkbox"/> Special Election Report
(6) Contributions This Report		(7) Expenditures This Report
Cash & Checks	\$ <u> </u> , <u> </u> , <u>300. 00</u>	Monetary Expenditures \$ <u> </u> , <u> </u> , <u>62. 00</u>
Loans	\$ <u> </u> , <u> </u> , <u> </u>	Transfers to Office Account \$ <u> </u> , <u> </u> , <u> </u>
Total Monetary	\$ <u> </u> , <u> </u> , <u>300. 00</u>	Total Monetary \$ <u> </u> , <u> </u> , <u>62. 00</u>
In-Kind	\$ <u> </u> , <u> </u> , <u> </u>	(8) Other Distributions \$ <u> </u> , <u> </u> , <u> </u>
(9) TOTAL Monetary Contributions To Date		(10) TOTAL Monetary Expenditures To Date
\$ <u> </u> , <u>12, 500. 52</u>		\$ <u> </u> , <u>3, 861. 61</u>

(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
<u>09 / 18 / 24</u>	Islamorada, Village of Islands	Sign Permit	CAN		62.00
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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)	(8)		(9)	(10)	(11)	(12)
(6) Sequence Number	Street Address & City, State, Zip Code	Contributor Type	Occupation	Contribution Type	In-kind Description	Amendment	Amount
10 11 24 / /	Mark Riley 1327 Pierce St. Birmingham, MI 48009	I	Doctor	CHE			300.00
/ /							
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