

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Donald "Don" Horton

Name

(2) 47 Schooner Bay Rd

Address (number and street)

Tavernier, FL 33070

City, State, Zip Code

Check here if address has changed

OFFICE USE ONLY

11-03-2025 A11:06

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: **Islamorada 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 11 / 1 / 24 To 12 / 25 / 24 Report Type: 24-TRG

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ 0

Loans \$ _____

Total Monetary \$ _____

In-Kind \$ _____

(9) TOTAL Monetary Contributions To Date

\$ 35.74 . 00

(7) Expenditures This Report

Monetary Expenditures \$ 6,545.81

Transfers to Office Account \$ _____

Total Monetary \$ _____

(8) Other Distributions

\$ _____

(10) TOTAL Monetary Expenditures To Date

\$ 35.74 . 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) Donald W. Horton

Individual (only for IE or electioneering comm.)

Treasurer

Deputy Treasurer

X
Signature

(Type name) Donald W. Horton

Candidate

Chairperson (only for PC and PTY)

X
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Donald "Don" W. Horton

(2) I.D. Number _____

(3) Cover Period 11 / 1 / 24 through 12 / 25 / 24 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Donald "Don" Horton

(2) I.D. Number

(3) Cover Period 11/1/24 through 12/25/24

(4) Page 1 of 2

(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
11/18/24 1	Keys Weekly 4709 0/S Hwy Marathon FL 33050	Newspaper Add	CAN		227 ⁰⁰
11/14/24 2	Coral Reef Title Po Box 318 Islamorada, FL 33036	Reimburse Stamps for Mail outs	CAN		146 ⁰⁰
11/14/24 3	Donald W. HORTON 47 Schooner Bay Rd Tavernier FL 33070	Repay Loan	CAN		500 ⁰⁰
11/21/24 4	Lee Young 232 Tide Ave Tavernier FL 33070	Campaign March Election Reception	CAN		2000 ⁰⁰
12/1/24 5	Capt. Craig's 90154 Overseas Highway Tavernier FL 33070	Election Reception Refreshments	CAN		735 ³⁰
12/1/24 6	United Way of Collier Keys 6216 Josephine Parker Rd Ste. 201 Key West 33040	Campaign Close	DIS		500 ⁰⁰
12/1/24 7	Rotary Club of K.L. Charitable Foundation Po Box 252 Key Largo FL 33037	Campaign Close	DIS		437 ⁵¹
12/1/24 8	Florida Keys History & Discovery Ctr Foundation 92100 0/S Hwy Islamorada FL 33036	Campaign Close	DIS		500 ⁰⁰

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Donald "Don" Horton

(2) I.D. Number _____

(3) Cover Period 11/1/24 through 12/25/24

(4) Page 2 of 2

(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
12/1/24	Friends of the Pool Inc 217 Matecombe Ave Islamorada Fl. 33036	Campaign Close	DIS		500.00
9					
12/1/24	The Rotary Foundation 14280 Collections Ctr Dr Chicago IL 60693	Campaign Close	DIS		1000.00
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CAMPAIGN LOANS REPORT ITEMIZED

Page 1 of 1

(PLEASE TYPE)

FULL NAME AND ADDRESS OF LENDER: <u>Donald W. Horton</u> <u>47 Schooner Bay Road</u> <u>Tavernier FL 33070</u>	FULL NAME AND ADDRESS OF LENDER: _____ _____ _____
OCCUPATION: <u>Contractor / Consultant</u>	OCCUPATION: _____
AMOUNT OF LOAN: <u>\$500.00</u>	AMOUNT OF LOAN: _____
DATE RECEIVED: <u>2/2/2024</u>	DATE RECEIVED: _____
FULL NAME AND ADDRESS OF LENDER: _____ _____ _____	FULL NAME AND ADDRESS OF LENDER: _____ _____ _____
OCCUPATION: _____	OCCUPATION: _____
AMOUNT OF LOAN: _____	AMOUNT OF LOAN: _____
DATE RECEIVED: _____	DATE RECEIVED: _____
FULL NAME AND ADDRESS OF LENDER: _____ _____ _____	FULL NAME AND ADDRESS OF LENDER: _____ _____ _____
OCCUPATION: _____	OCCUPATION: _____
AMOUNT OF LOAN: _____	AMOUNT OF LOAN: _____
DATE RECEIVED: _____	DATE RECEIVED: _____