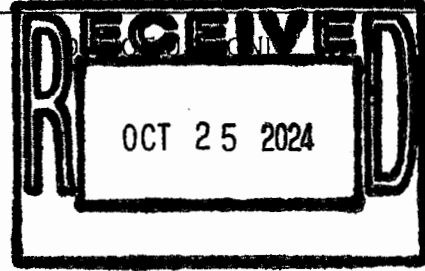# CAMPAIGN TREASURER'S REPORT SUMMARY

(1) **CCPFF - PC**
Name

(2) **407 SW 2nd Terr**
Address (number and street)

**Cape Coral**
City, State, Zip Code

☐ Check here if address has changed

RECEIVED OCT 25 2024

(3) ID Number: **24-65**

(4) Check appropriate box(es):

☐ Candidate   Office Sought: _____

☒ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)   ☐ Check here if PC or ECO has disbanded

☐ Party Executive Committee (PTY)   ☐ 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

Cover Period: From **10** / **5** / **24**   To **10** / **18** / **24**   Report Type: **65**

☒ Original   ☐ Amendment   ☐ Special Election Report

| (6) Contributions This Report | (7) Expenditures This Report |
|---|---|
| Cash & Checks   $ **627.76** | Monetary Expenditures   $ _____ |
| Loans   $ _____ | Transfers to Office Account   $ _____ |
| Total Monetary   $ _____ | Total Monetary   $ _____ |
| In-Kind   $ _____ | |
| | (8) Other Distributions   $ _____ |

| (9) TOTAL Monetary Contributions To Date | (10) TOTAL Monetary Expenditures To Date |
|---|---|
| $ **72,496.50** | $ **61,085.48** |

## (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) **Michael Marino**

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

X _____
Signature

(Type name) **Dave Arnold**

☐ Candidate   ☒ Chairperson (only for PC and PTY)

X _____
Signature

DS-DE 12 (Rev. 11/13)   SEE REVERSE FOR INSTRUCTIONS

# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name  __CCPFF - PC__

(2) I.D. Number  __24-65__

(3) Cover Period  __10__ / __5__ / __24__  through  __10__ / __18__ / __24__

(4) Page  __1__  of  __1__

| (5) Date / (6) Sequence Number | (7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code | (8) Contributor Type | (8) Occupation | (9) Contribution Type | (10) In-kind Description | (11) Amendment | (12) Amount |
|---|---|---|---|---|---|---|---|
| 10 / 14 / 24   1 | CCPFF Local 2424 407 SW 2 TeAR Cape Coral, FL 33991 | B | | CHE | | | $627.76 |
| / / | | | | | | | |
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DS-DE 13 (Rev. 11/13)          SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES