

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Take Out The Trash Committee of Cape Coral

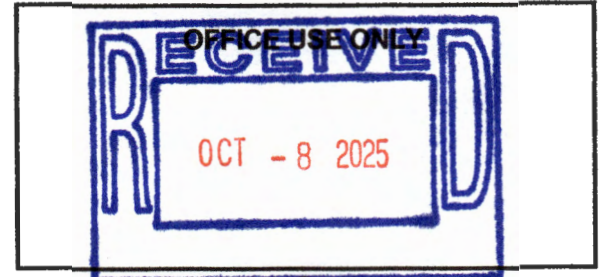
Name

(2) 2256 First Street, Ste 168

Address (number and street)
Fort Myers, FL 33901

City, State, Zip Code

☐ Check here if address has changed



(3) ID Number: 25-Q3

(4) Check appropriate box(es):

☐ Candidate Office Sought: _____

☒ 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 07 / 01 / 2025 To 09 / 30 / 2025 Report Type: 25-Q3

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 535.00

Loans \$ _____ , _____ , _____

Total Monetary \$ _____ , _____ , 535.00

In-Kind \$ _____ , _____ , 458.15

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 0.00

Transfers to Office Account \$ _____ , _____ , _____

Total Monetary \$ _____ , _____ , 0.00

(8) Other Distributions

\$ _____ , _____ , _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 1,031.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 50.00

(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:

Sietske Kitson

(Type name)

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

X Sietske Kitson

Signature

Kyle L'Hommedieu

(Type name)

☐ Candidate ☒ Chairperson (only for PC and PTY)

X Kyle L'Hommedieu

Signature

(1) Name _____ (2) I.D. Number _____
 07 01 2025 09 30 2025 1 2
 (3) Cover Period ____ / ____ / ____ through ____ / ____ / ____ (4) Page ____ of ____

(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
07. 14. 2025 / /	Gayle Schwantes 2802 SE 20th Ave Cape Coral, FL 33904			CHE			10
1							
07. 24. 2025 / /	Michele Shadrach 5119 Manor Court Cape Coral, FL 33904			CHE			50
2							
07. 25. 2025 / /	Thomas Shadrach 5119 Manor Court Cape Coral, FL 33904			CHE			100
3							
08. 04. 2025 / /	Mari C Kavanaugh 4927 Pelican Blvd Cape Coral, FL 33914			CHE			100
4							
08. 08. 2025 / /	James A Caler 2102 NW 2nd Ave Cape Coral, FL 33993			CHE			25
5							
08. 23. 2025 / /	Susan Seraydar 15 Williams Boulevard Apt 1A Lake Grove, NY 11755			CHE			50
6							
08. 29. 2025 / /	Linda Spies 3619 SE 18th Ave Cape Coral, FL 33904	I	Retired	CHE			200
7							

(1) Name _____ (2) I.D. Number _____
07. 01. 2025 09. 30. 2025 2 2
(3) Cover Period ____ / ____ / ____ through ____ / ____ / ____ (4) Page ____ of ____

(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
09 30 2025 / / 8	Kyle L'Hommedieu 2127 NE 28th St Cape Coral, FL 33909	I	Ins Agency Principle	INK	Logo shirts Deposit on Hall		458.15
/ /							
/ /							
/ /							
/ /							
/ /							