

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) CARLOS DIAZ

Name

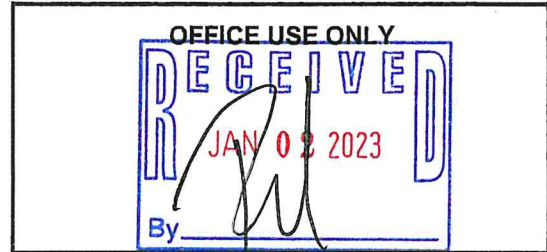
(2) 730 DEL ORO DR

Address (number and street)

SAFETY HARBOR, FLORIDA 34695

City, State, Zip Code

Check here if address has changed



(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: SAFETY HARBOR COMMISSION 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 12 / 01 / 22 To 12 / 12 / 22 Report Type: M-12

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 500 . 00

Loans \$ _____ , _____ , 0 . 00

Total Monetary \$ _____ , _____ , 500 . 00

In-Kind \$ _____ , _____ , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 123 , 87

Transfers to Office Account \$ _____ , _____ , 0 . 00

Total Monetary \$ _____ , _____ , 123 . 87

(8) Other Distributions

\$ _____ , _____ , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 700 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 134 . 37

(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) CARLOS DIAZ

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

X _____
Signature

(Type name) CARLOS DIAZ

Candidate Chairperson (only for PC and PTY)

X _____
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name CARLOS DIAZ (2) I.D. Number _____

(3) Cover Period 12 / 01 / 22 through 12 / 12 / 22 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
12 / 05 / 22 001	DE LEON, TIM AND IVONNE 740 DEL ORO DR SAFETY HARBOR, FL 34695	I	SELF-EMPLO	CHE			\$500.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /						TOTAL	500.00

CAD

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name CARLOS DIAZ

(2) I.D. Number _____

(3) Cover Period 12 / 01 / 22 through 12 / 12 / 22

(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
12 / 06 / 22	CITY OF SAFETY HARBOR 750 MAIN STREET SAFETY HARBOR, FLORIDA 34695	CITY FEE	CAN		\$123.87
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /				TOTAL	123.87

CJD