

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) CARLOS DIAZ

Name

(2) 730 DEL ORO DR

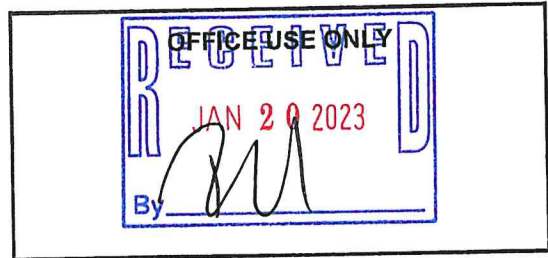
Address (number and street)

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 / 13 / 22 To 03 / 13 / 22 Report Type: TRG-22

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 0.00

Loans \$ _____ , _____ , 0.00

Total Monetary \$ _____ , _____ , 0.00

In-Kind \$ _____ , _____ , 0.00

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 565.63

Transfers to Office Account \$ _____ , _____ , 0.00

Total Monetary \$ _____ , _____ , 565.63

(8) Other Distributions

\$ _____ , _____ , 0.00

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 700.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 700.00

(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) 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 EXPENDITURES

(1) Name CARLOS DIAZ

(2) I.D. Number _____

(3) Cover Period 12 / 13 / 22 through 03 / 03 / 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
(6) Sequence Number					
12 / 29 / 22 001	TIM AND YVONNE DE LEON 740 DEL ORO DR SAFETY HARBOR, FLORIDA 34695	REIMBURSEMENT OF DONATION	DIS		\$500.00
01 / 15 / 22 002	CARLOS DIAZ 730 DEL ORO DR SAFETY HARBOR, FL 34695	LOAN REIMBURSEMENT	DIS		\$65.63
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /				TOTAL	565.63

CJD

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 12 / 13 / 22 through 03 / 13 / 22 (4) Page 1 of 1

(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
/ /							
NOTHING TO REPORT							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /						TOTAL	0.00

CAD