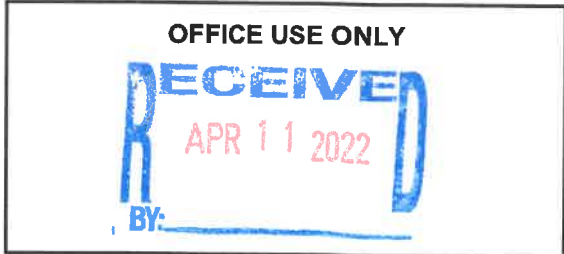


CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Chris Vincent
Name

(2) 5000 N. Ocean Blvd # 209
Address (number and street)

Lanarkville By The Sea, FL
City, State, Zip Code 33308



Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: MAYOR

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 01 / 01 / 2022 To 04 / 10 / 2022 Report Type: TR

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 300 . 00

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 300 . 00

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 180 . 17

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

Total Monetary \$ _____ , _____ , 180 . 13

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 300 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 180 . 13

(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) Chris Vincent

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

X [Signature]
Signature

(Type name) Chris Vincent

Candidate Chairperson (only for PC and PTY)

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Chris Vincent (2) I.D. Number _____

(3) Cover Period 01 / 01 / 22 through 09 / 10 / 22 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
01/03/22	XXXXXX L.A.T.S. Chris Vincent	I	SELF Employer	Check			300. ⁰⁰
01/03/22	XXXXXX L.A.T.S.						
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _____

(2) I.D. Number _____

(3) Cover Period ____/____/____ through ____/____/____

(4) Page _____ of _____

(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					
01/03/24	L B T S 4501 N. OCEAN DR L B T S, FL 33308	Filing fee			25. ⁰⁰
01/03/24	L B T S 4501 N. OCEAN DR L B T S, FL 33308	Commission Election Assessment			155.13
04/24/24	REIMBURSEMENT CHAS VINCENT 5001 N. OCEAN BLVD L. B. T. S., FL 33308	Reimbursement			119.87