	CAMPAIGN TREASURE	R'S REPORT SUMMARY							
(1)	Sarah Almeida Dennis	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION							
(2)	13025 SE 36th Avenue	Submitted on:							
	Address (number and street)	4/10/2024 15:58:37 (eastern)							
	Belleview, F1 34420 City, State, Zip Code	<del></del>							
	☐ Check here if address has changed	(3) ID Number: 724							
(4)	_	(9) 10 Number							
(3)	(4) Check appropriate box(es):  ☐ Candidate Office Sought: COUNTY COMMISSIONER - 1 ☐ 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								
		☐ Check here if no other IE or EC reports will be filed							
	(5) Report	Identifiers							
Cove	er Period: From 1 / 1 / 2024 To	3 / 31 / 2024 Report Type: <u>Q1</u>							
X O	Driginal ☐ Amendment ☐ Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
	h & Checks \$ ,1 , <u>520</u> . <u>70</u>	Monetary							
Loar		Transfers to Office Account \$ , , , 0 . 00							
	al Monetary \$,1 , <u>520</u> . <u>70</u>	Total Monetary \$ , , <u>280</u> . <u>00</u>							
In-Ki	ind \$,,, <u>0</u> . <u>00</u>	(2)							
		(8) Other Distributions \$ , , 000							
(9)	<b>TOTAL Monetary Contributions To Date</b> \$ , 1 , _52070	(10) TOTAL Monetary Expenditures To Date \$ , , _28000							
	(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:								
	ype name)  Individual (only for IE  Treasurer Deputy Treasurer electioneering comm.)	(Type name) ☐ Candidate ☐ Chairperson (only for PC and PTY)							
X		x							
Si	ignature	Signature							

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name	Sarah Almeida	Dennis				(2) I.D. Number		724	
	1/1/2024			3/31/202	24				
(3) Cover Peri	od /	1	through	1	1	(4) Page	1	of	1

(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	C Type		Contribution Type	In-kind Description	Amendment	Amount
3/22/2024	Almeida, Leah Racheal P O Box 665 Belleview, FL 34420	Î	self employed	СН			\$970.7
3/1/2024	Dennis, Sarah 13025 Southeast 36th Avenue Belleview, Fl 34420	S	printing	СН			\$50.0
3/7/2024	Dennis, Sarah 13025 Southeast 36th Avenue Belleview, Fl 34420		printing	СН			\$500.0
J J							
Ĭ Ī							
J J							
1 1							
1 1							

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name _S	Sarah	Almeid	a Denn	is			 (2) I.D. Nun	nber		724	
		1/1/20	24		3/31/2	024					
(3) Cover Pe	eriod	1	1	through	1	1	(4) Page	1	of	1	

(5) Date	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
3/7/2024	Supervisor of Elections, 981 NE 16th Street Ocala, FL 34470	petition validation	MO		\$280.00
1	ocara, 12 siine				
//					
//					
//					
_//					
//					
//					
//					
DS-DE 14 (Rev				I	