	CAMPAIGN TREASURE	R'S REPORT SUMMARY							
(1)	Joseph Tiseo	OFFICE USE ONLY							
` '	Name	ONLINE SUBMISSION							
(2)	23306 Duchess Ave	Submitted on:							
	Address (number and street)	4/1/2016 09:26:04 (eastern)							
	Port Charlotte, FL 33954								
	City, State, Zip Code								
	Check here if address has changed	(3) ID Number: 449							
(4)	Check appropriate box(es):								
	Candidate Office Sought: County Commis	sioner District 5							
	 ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications) ☐ 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 $\underline{3}$ / $\underline{1}$ / $\underline{2016}$ To	3 / 31 / 2016 Report Type: M3							
<u>X</u> 0	riginal Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Casł	n & Checks \$,1,1,00000	Monetary							
Loar	s , , , ,	Transfers to Office Account \$, , 0 . 00							
Total Monetary \$,1 , _00000		Total Monetary \$, , 0 . 00							
In-Ki	nd \$,, <u>25</u> . <u>00</u>								
		(8) Other Distributions \$, , 000_							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
	\$, <u>3</u> , <u>010</u> . <u>70</u>	\$, , <u>955</u> . <u>98</u>							
La	It is a first degree misdemeanor for any pers	tification on 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)	(Type name)							
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)							
X		X							
Si	gnature	Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	seph Tiseo				(2) I.D. Number		449	
	3/1/2016	·)		3/31/	2016				
(3) Cover Period	1	1	through	1	1	(4) Page	1	of	1

(5) Date (6) Sequence Number	(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)	(12) Amount
3/11/2016 /	Adams, Andrew 3333 Enterprise Rd E Safety Harbor, FL 34695	İ	contractor				\$500.(
3/16/2016 / /	Berger, Gary L 11000 Placid Rd Unit 1204 Placida, FL 33946	I	physician	СН			\$500.(
3/31/2016	Pik N Run #5, Inc., 20101 Peachland Blvd Unit 301 Port Charlotte, FL 33954	В		IK	miscellane ous office use and expense		\$25.0
I I							
1 1							
1 1							
1 1							
1 1							

) Name <u>Joseph</u>	AMPAIGN TREASURER'S R	C	2) I.D. Numbei		449
) Cover Period _	3/1/2016 3/ / / through	31/2016 _//(4) Page <u>1</u>	of _	0
(5) Date (6) Sequence Number	(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)	(11) Amount
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