

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Joseph Charles Puglia

Name

(2) P.O Box 15095

Address (number and street)

Brooksville, FL 34604

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: 576

OFFICE USE ONLY

ONLINE SUBMISSION

[1338570]

Submitted on:

11/22/2024 16:19:45 (eastern)

(4) Check appropriate box(es):

☒ Candidate Office Sought: Sheriff

☐ 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 8 / 16 / 2024 To 11 / 17 / 2024 Report Type: TR

☒ 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 \$, 1 , 840 . 64

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, 1 , 840 . 64

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 25 , 722 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 25 , 722 . 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)

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

X

Signature

(Type name)

☐ Candidate ☐ Chairperson (only for PC and PTY)

X

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Joseph Charles Puglia (2) I.D. Number 576
8/16/2024 11/17/2024
 (3) Cover Period ____ / ____ / ____ through ____ / ____ / ____ (4) Page 1 of 0

(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
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Joseph Charles Puglia (2) I.D. Number 576
 (3) Cover Period 8/16/2024 through 11/17/2024 (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
10/17/2024 / /	Puglia, Joseph PO Box 15095 Brooksville, FL 34604	loan to campaign repayment	RM		\$1,840.64
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