

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Alan Clendenin  
 Name  
 (2) 614 W. Swann Ave  
 Address (number and street)  
Tampa, FL 33606  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1298830]  
 Submitted on:  
 7/23/2023 16:30:17 (eastern)

Check here if address has changed

(3) ID Number: 2158

(4) Check appropriate box(es):

- Candidate Office Sought: Tampa City Council, Dist. 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
- Independent Expenditure (IE) (also covers an individual making electioneering communications)  Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 3 / 25 / 2023 To 4 / 7 / 2023 Report Type: R2

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$        ,        , -75 . 00

Loans \$        ,        , 0 . 00

Total Monetary \$        ,        , -75 . 00

In-Kind \$        ,        , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures \$        ,        , 0 . 00

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 0 . 00

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        , 158 , 350 . 32

### (10) TOTAL Monetary Expenditures To Date

\$        , 137 , 594 . 86

### (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 EXPENDITURES

(1) Name Alan Clendenin

(2) I.D. Number 2158

(3) Cover Period 3/25/2023 through 4/7/2023

(4) Page 1 of 0

(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					
/ /					
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