

## 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**  
 [1298882]  
 Submitted on:  
 7/29/2023 11:14:30 (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 4 / 21 / 2023 To 7 / 24 / 2023 Report Type: RTR  
 Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$        , -27 , 500 . 00  
 Loans \$        ,        , 0 . 00  
 Total Monetary \$        , -27 , 500 . 00  
 In-Kind \$        ,        , 0 . 00

**(7) Expenditures This Report**

Monetary Expenditures \$        ,        , 39 . 85  
 Transfers to Office Account \$        ,        , 0 . 00  
 Total Monetary \$        ,        , 39 . 85

**(8) Other Distributions**  
 \$        ,        , 0 . 00

**(9) TOTAL Monetary Contributions To Date**  
 \$        , 137 , 461 . 32

**(10) TOTAL Monetary Expenditures To Date**  
 \$        , 137 , 461 . 32

### (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 Alan Clendenin (2) I.D. Number 2158  
 (3) Cover Period 4/21/2023 through 7/24/2023 (4) Page 1 of 1

(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
4/30/2023 / /	Clendenin, Alan 614 W. Swann Avenue Tampa, FL 33606	I	loan repayment	RE		Add	\$-27,500.00
1							
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Alan Clendenin

(2) I.D. Number 2158

(3) Cover Period 4/21/2023 through 7/24/2023

(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
(6) Sequence Number					
4/21/2023 / /	ActBlue, 366 Summer Street Somerville, MA 02144	credit card processing fees	MO	Delete	\$1,221.51
1					
4/21/2023 / /	ActBlue, 366 Summer Street Somerville, MA 02144	credit card processing fees	MO	Add	\$1,261.36
2					
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