

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Chase Harrison
 Name

(2) 808 N Franklin St; STE 3101
 Address (number and street)

Tampa, FL 33602
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1296845]

Submitted on:
 6/1/2023 22:38:08 (eastern)

Check here if address has changed (3) ID Number: 2345

(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 / 3 / 2023 To 6 / 5 / 2023 Report Type: MTR

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 , 662 . 32

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, 1 , 662 . 32

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

(9) TOTAL Monetary Contributions To Date
 \$, 8 , 490 . 00

(10) TOTAL Monetary Expenditures To Date
 \$, 8 , 490 . 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 Chase Harrison (2) I.D. Number 2345

3/3/2023 through 6/5/2023

(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 Chase Harrison

(2) I.D. Number 2345

(3) Cover Period 3/3/2023 through 6/5/2023

(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					
3/7/2023 / /	DIBELLA, FRANK 4149 AUSTON WAY PALM HARBOR, FL 34685	reimburse for sign payment	MO		\$300.00
1					
4/7/2023 / /	RESCHETNJAK, NIK N FRANKLIN ST TAMPA, FL 33602	print media	MO		\$1,200.00
2					
4/10/2023 / /	HARRISON, LINDA 4416 WALTHAM DR TAMPA, FL 33634	admin support	MO		\$162.32
3					
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