CAMPAIGN TREASURER'S REPORT SUMMARY											
(1)	Thomas S Lowther	OFFICE USE ONLY									
	Name	ONLINE SUBMISSION									
(2)	696 20th Ave	Submitted on:									
	Address (number and street) Vero Beach, Fl 32962	4/8/2024 08:26:41 (eastern)									
	City, State, Zip Code										
	☐ Check here if address has changed	(3) ID Number: 512									
(4)	Check appropriate box(es):	(9) 15 (1011)501.									
(4)		Mosquito Control District - Seat 1									
	☐ Political Committee (PC)	MOSQUITO CONCLOT DISCITCE SCALE									
	☐ Electioneering Communications Org. (ECO)	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									
	individual making electioneering communications)	Check here it no other is or so reports will be liled									
_	• • • •	dentifiers									
Cove	er Period: From $\underline{1}$ / $\underline{1}$ / $\underline{2024}$ To	3 / 31 / 2024 Report Type: <u>Q1</u>									
X O	Original Amendment Spe	ecial Election Report									
(6)	Contributions This Report	(7) Expenditures This Report									
		Monetary									
Cash	h & Checks \$,1 , <u>000</u> . <u>00</u>	Expenditures \$, , 0 . 00									
Loor	ns \$, , 0.00	Transfers to									
Loar	ıs	Office Account \$, , 0 . 00									
Tota	al Monetary \$, 1 , 000 . 00	,,,									
		Total Monetary \$, , 0 . 00									
In-Ki	ind \$, , 0.00										
		(8) Other Distributions									
	1	\$,,,000									
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date									
(0)	\$, 1 , 000 00	\$, , 0. 00									
		,,,									
	(11) Cert										
	It is a first degree misdemeanor for any person										
I certify that I have examined this report and it is true, correct, and complete:											
(T)	Type name)	(Type name)									
	Individual (only for IE Treasurer Deputy Treasurer electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)									
Х		X									
Si	ignature	Signature									

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name S_Lowther				(2) I.D. Number					
	1/1/2024 riod///		3	/31/2024	(4) Pag	je <u>1</u>	of _1		
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	С	(8) ontributor	(9) Contribution	(10)	(11)	(12)		
Number	City, State, Zip Code	Type B	Occupation	Туре	Description	Amendment	Amount		
/4/2024	Thomas S Lowther Funeral Home, 1655 27th st		funeral home	CH			\$500		
	Vero Beach, Fl 32960								
/4/2024	Lowther Cremation Service Inc, 1555 27th St	B crema servi	cremation service	on CH			\$500		
2	Vero Beach, Fl 32960								
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(1) Name Thoma	URES	512			
	1/1/2024 3/3 / / through	1/2024	4) Page1		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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