	CAMPAIGN TREASURE	ER'S REPORT SUMMARY
(1) Denise Ny	ystrom	OFFICE USE ONLY ONLINE SUBMISSION
Name (2) 28442 Car	praja Dr	[1291182]
(-)	number and street)	Submitted on:
	prings, FL 34135	1/27/2023 08:16:40 (eastern)
City, State,		
Check h	nere if address has changed	(3) ID Number: 1773
(4) Check app	propriate box(es):	
X Candidat☐ Political (☐ Electione☐ Party Exc☐ Independent		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	t Identifiers
Cover Period:	From $6 / 18 / 2022$ To	7 / 1 / 2022 Report Type: P2
☐ Original		ecial Election Report
(6) Contributi	ons This Report	(7) Expenditures This Report
Cash & Checks	\$,,	Monetary
Loans	\$	Transfers to Office Account \$, , , 0 . 00
Total Monetary	\$	Total Monetary \$, ,138. 00
In-Kind	\$	(a) Other Distribution
		(8) Other Distributions \$, , 000_
(9) TOTAL Mo	onetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date
\$, <u>68</u> , <u>490</u> . <u>52</u>	\$, <u>70</u> , <u>993</u> . <u>15</u>
		tification son to falsify a public record (ss. 839.13, F.S.) rect, and complete:
	-	I
(Type name) Individual (only for electioneering co		(Type name) ☐ Candidate ☐ Chairperson (only for PC and PTY)
X		X
Signature		Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Denise Nystrom				2) I.D. Numbe	r1	773
	6/18/2022		7	/1/2022			
(3) Cover Perio	od / /	thro	ough	<i>l l</i>	(4) Page	è <u>1</u>	of
			V0 \	(0)	(10)	004040	****
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &	Co	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
J I							
1							
						٠	
1 1							
8							
1 1							
1							
1 1							
1 1							
1 1							
x 8							
					1		

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Denise	Nystro	m		100000000000000000000000000000000000000		 (2) I.D. Nun	nber	1	٠773	
		6/18/2	022		7/1/202	22					
(3) Cover Po	eriod	1	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
7/1/2022	MCI, 4850 Tamiami Trl N Unit 301 Naples, Fl 34103	advertising	МО	Delete	\$138.00
1					
7/1/2022	MCI, 4850 Tamiami Trl N Unit 301 Naples, Fl 34103	accounting correction	MO	Add	\$0.00
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