CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Anthony DeMarco	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION [1270779]							
(2)	2305 Killearn Center Blvd Apt D81	Submitted on:							
	Address (number and street)	7/22/2022 23:11:20 (eastern)							
	Tallahassee, FL 32309 City, State, Zip Code								
		(2) ID Number (27							
	Check here if address has changed	(3) ID Number: 637							
(4)	Check appropriate box(es):	shaal Decord District 1							
	Candidate Office Sought: Leon County S	CHOOI BOARD - DISTRICT I							
		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)								
(5) Report Identifiers									
Cov	er Period: From <u>6</u> / <u>1</u> / <u>2022</u> To	6 / <u>17</u> / <u>2022</u> Report Type: <u>22P1</u>							
	riginal 🛛 Amendment 🗌 Spo	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
		Monetary							
Cas	h & Checks \$, ,000_	Expenditures \$,,, 24							
Loar	ns \$,,000	Transfers to							
LUAI		Office Account \$,,,0.00							
Tota	I Monetary \$, , 0 . 00								
		Total Monetary \$, , 0 . 24							
In-Ki	ind \$,,0.00								
		(8) Other Distributions							
		\$,, <u> 0 . 00 </u>							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
. ,	\$, 4, 60700_	\$,4_,73665_							
		tification on to falsify a public record (ss. 839.13, F.S.)							
1-									
I certify that I have examined this report and it is true, correct, and complete:									
	ype name)	(Type name)							
	Individual (only for IE Treasurer Deputy Treasurer electioneering comm.)	Candidate Chairperson (only for PC and PTY)							
1.7									
<u>X</u>		X							
51	gnature	Signature							

DS-DE 12 (Rev. 11/13)

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name <u>Anthony DeMarco</u>				(2) I.D. Number637					
	6/1/2022		6	/17/2022		7	0		
(3) Cover Peri	od / /	thro	bugh	11	(4) Pag	e _⊥	of		
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)	(8)		(9)	(10)	(11)	(12)		
Sequence	Street Address &	C	ontributor	Contribution	In-kind				
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount		
	3)			50-51 e G					
/ /	_								
1 1									
1 1	_								
1 1	_								
1 1	_								
1 1	_								
1 1	_								
1 1	-								

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Anth	CAMPAIGN TREASURER'S		2) I.D. Number		637
(3) Cover Period	6/1/2022 d/through	6/17/2022 //	4) Page <u>1</u>	of_	1
(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) Amendment	(11) Amount
6/14/2022 1	Supervisor of Elections, 2990-1 Apalachee Parkway Tallahassee, FL 32301	qualifying fee	MO	Delete	\$1,634.00
6/14/2022 / / 2	Supervisor of Elections, 2990-1 Apalachee Parkway Tallahassee, FL 32301	qualifying fee	МО	Add	\$1,634.24
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DS-DE 14 (Rev.					

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES