CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	Patrick Labrada	OFFICE USE ONLY						
	Name	ONLINE SUBMISSION						
(2)	15 Emerald Dr	Submitted on:						
	Address (number and street)	4/3/2024 10:19:25 (eastern)						
	Key West, FL 33040 City, State, Zip Code							
	☐ Check here if address has changed	(3) ID Number: 651						
(4)	_	(3) ID Nullibel.						
(4)	Check appropriate box(es): X Candidate Office Sought: Key West Util:	ity Doord Member Seat F						
		Ity Board Member Seat E						
	☐ 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						
		Identifiers						
Cove	er Period: From $\underline{1}$ / $\underline{1}$ / $\underline{2024}$ To	3 / 31 / 2024 Report Type: <u>Q1</u>						
X O	Priginal Amendment Spe	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
Cash	h & Checks \$, , 000_	Monetary Expenditures \$, , , 0 . 00						
Loar	s \$, <u>200</u> . <u>00</u>	Transfers to Office Account \$, , 0 . 00						
Total Monetary \$, , <u>200</u> . <u>00</u>		Total Monetary \$, , 0 . 00						
In-Ki	ind \$, , 0.00	,, ,, ,						
		(8) Other Distributions						
		\$,, <u>0</u> . <u>00</u>						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$,, <u>200</u> 00_	\$, , <u>0</u> . <u>00</u>						
	(11) Cert	rification						
	It is a first degree misdemeanor for any person							
I certify that I have examined this report and it is true, correct, and complete:								
	ype name)	(Type name)						
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)						
X		X						
Sig	gnature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Patrick Labrada		(2) I.D. Number651				
	1/1/2024			/31/2024			
(3) Cover Perio	od//	thro			(4) Page	1	of _1
1000. 98			1400				
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &	Contributor		Contribution	In-kind	1 Marcon 100 M Vision 100 M	• Common 2 Committee
Number	City, State, Zip Code	Туре		Туре	Description	Amendment	Amount
3/27/2024	Labrada, Patrick 15 Emerald Dr	1	property manager	LO			\$200.0
J I	Key West, Fl 33040		manager				
1							
1 1							
1 1							
1 1							
1 1							
1 1							
1 1							
1 1							

DS-DE 13 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Patri	URES 651				
(3) Cover Period	/through	3/31/2024	(4) Page <u>1</u>	of _	0
(5) Date	(7) Full Name	(8) Purpose (add office sought if	(9)	(10)	(11)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	contribution to a candidate)	Expenditure Type	Amendment	Amount
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