CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	Joel Antonio Montilla	OFFICE USE ONLY								
	Name	ONLINE SUBMISSION [1337232]								
(2)	37 N. Orange Ave; Ste 500	Submitted on:								
	Address (number and street)	11/11/2024 14:05:29 (eastern)								
	Orlando, FL 32803									
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number:1182								
(4)	Check appropriate box(es):									
	<ul> <li>☐ Candidate Office Sought: County Commissioner District 5</li> <li>☐ Political Committee (PC)</li> <li>☐ Electioneering Communications Org. (ECO)</li> <li>☐ Party Executive Committee (PTY)</li> <li>☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)</li> <li>☐ Check here if PTY has disbanded</li> <li>☐ Check here if no other IE or EC reports will be filed</li> </ul>									
	(5) Report	Identifiers								
Cov	er Period: From 6 / 29 / 2024 To									
	riginal Amendment Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Casl	n & Checks \$ , , ,000	Monetary								
Loar		Transfers to Office Account \$ , , , 0 . 00								
Tota	I Monetary \$ , , 0 . 00	Total Monetary \$18 . 00								
In-Ki	sind \$,,,000	,,								
		(8) Other Distributions \$ , , 000_								
(9)	(9) TOTAL Monetary Contributions To Date \$\ \bigs_{									
(T	(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   Treasurer   Deputy Treasurer or electioneering comm.)  (Type name)    Candidate   Chairperson (only for PC and PTY)									
_X		<u>x</u>								
Si	gnature	Signature								

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Joel Antonio Montil		(2) I.D. Number						
	6/29/2024		7	/12/2024					
(3) Cover Perio	od / /	thro	ough	<i>l l</i>	(4) Page	e <u>1</u>	of		
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)		
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount		
Turnon	Oity, State, Zip Sodo	1,700	Сосирацоп	1,700	Весеприон		THOUSE		
1 1									
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DS-DE 13 (Rev. 11/13 ) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name	oel	Antoni	о Мо	ntill	a				 (2) I.D. Nun	nber	1	.182	
		6/29/	202	4		7/12	2/20	24					
(3) Cover Pe	riod	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
6/29/2024	Anedot, 1340 Poydras Street Suite 1770 New Orleans, LA 70112	credit card fees	MO	Delete	\$161.20
6/29/2024	Anedot, 1340 Poydras Street Suite 1770 New Orleans, LA 70112	credit card fees	МО	Add	\$143.20
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