

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Tony Sabb
 Name
 (2) PO Box 690232
 Address (number and street)
Orlando, FL 32869
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1288121]
 Submitted on:
 11/18/2022 10:44:38 (eastern)

Check here if address has changed

(3) ID Number: 1137

(4) Check appropriate box(es):

Candidate Office Sought: County Mayor

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

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 Identifiers

Cover Period: From 5 / 1 / 2022 To 5 / 31 / 2022 Report Type: M5

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 0 . 00

Loans \$, , 0 . 00

Total Monetary \$, , 0 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 450 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 450 . 00

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 30 , 495 . 22

(10) TOTAL Monetary Expenditures To Date

\$, 29 , 285 . 71

(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 or electioneering comm.) Treasurer Deputy Treasurer

X

Signature

(Type name)

Candidate Chairperson (only for PC and PTY)

X

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Tony Sabb (2) I.D. Number 1137

5/1/2022 through 5/31/2022

(3) Cover Period _____ / _____ / _____ through _____ / _____ / _____ (4) Page 1 of 0

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Tony Sabb

(2) I.D. Number 1137

(3) Cover Period 5/1/2022 through 5/31/2022

(4) Page 1 of 1

(5) Date	(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) Sequence Number					
5/25/2022 / / 1	Campaign Compliance Services, 283 Cranes Roost Blvd Suite 111 Altamonte Springs, FL 32701-	bookkeeping & compliance services	MO	Add	\$400.00
5/25/2022 / / 2	Winter Park Republican Women, Post Office Box 1323 Winter Park, FL 32790	event registration	MO	Add	\$50.00
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