CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Monique Costantino	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION							
(2)	1870 Big Buck Dr	Submitted on:							
	Address (number and street) St. Cloud, FL 34772	9/10/2020 11:40:39 (eastern)							
	City, State, Zip Code	<del></del>							
	Check here if address has changed	(3) ID Number: 396							
(4)	Check appropriate box(es):								
	<ul> <li>☐ Candidate Office Sought: St Cloud Mayor City Council Member Seat 1</li> <li>☐ Political Committee (PC)</li> <li>☐ Electioneering Communications Org. (ECO)</li> <li>☐ Check here if PC or ECO has disbanded</li> <li>☐ Party Executive Committee (PTY)</li> <li>☐ Check here if PTY has disbanded</li> <li>☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)</li> </ul>								
	(5) Report	Identifiers							
Cove	er Period: From 6 / 13 / 2020 To								
X O	riginal Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Casl	n & Checks \$ , , 0 . <u>00</u>	Monetary							
Loar		Transfers to Office Account \$ , , , 0 . 00							
	I Monetary \$,,,000	Total Monetary \$ , , _63 . 99							
In-Ki	ind \$	(8) Other Distributions \$ , , 000_							
(9)	(9) TOTAL Monetary Contributions To Date \$\\ \begin{array}{cccccccccccccccccccccccccccccccccccc								
(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								
	gnature	Signature							

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

(1) Name	Monique Costantino				2) I.D. Numbe	r3	96
	6/13/2020		9	/10/2020			
(3) Cover Perio	od / /	thro	ough	<i>I I</i>	(4) Page	<b>e</b> 1	of 0
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(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)	_		_			
Sequence	Street Address &		ontributor	Contribution	In-kind	Amendment	N
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
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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 _1	Monique	Costar	ntino				 (2) I.D. Nur	nber	3	396	-
	6	/13/20	20		9/10/	2020	~ ~				
(3) Cover P	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
8/29/2020	Costantino, Monique 614 Lake Kerry Dr Saint Cloud, Fl 34769	loan repayment. m2 2020.	RM		\$5.02
8/29/2020	Costantino, Monique 614 Lake Kerry Dr Saint Cloud, Fl 34769	loan repayment. m3 2020.	RM		\$29.97
8/29/2020	Costantino, Monique 614 Lake Kerry Dr Saint Cloud, Fl 34769	loan repayment. m3 2020 amended.	RM		\$29.00
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//	41/43 }				