

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Sara M. LaBarba  
 Name  
 (2) PO Box 421746  
 Address (number and street)  
Kissimmee, FL 34742-1746  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1302825]

Submitted on:  
 1/10/2024 20:45:42 (eastern)

Check here if address has changed

(3) ID Number: 603

(4) Check appropriate box(es):

- Candidate Office Sought: County Commissioner District 3
- Political Committee (PC)
- 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

### (5) Report Identifiers

Cover Period: From 10 / 1 / 2023 To 12 / 31 / 2023 Report Type: Q4

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$        ,        , 0 . 00

Loans \$        ,        , 25 . 00

Total Monetary \$        ,        , 25 . 00

In-Kind \$        ,        , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures \$        ,        , 30 . 00

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 30 . 00

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        ,        , 75 . 00

### (10) TOTAL Monetary Expenditures To Date

\$        ,        , 82 . 50

### (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 Sara M. LaBarba (2) I.D. Number 603

10/1/2023 through 12/31/2023

(3) Cover Period \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ through \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (4) Page 1 of 1

(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
10/23/2023 / /	LaBarba, Sara M PO Box 421746 Kissimmee, FL 34742-1746	S		LO	loan		\$25.00
1							
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Sara M. LaBarba

(2) I.D. Number 603

(3) Cover Period 10/1/2023 through 12/31/2023

(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					
12/31/2023 //	Wells Fargo, 3201W. Vine Kissimmee, FL 34741	account service fee	MO		\$10.00
1					
11/30/2023 //	Wells Fargo , 3201 W. Vine Kissimmee, FL 34741	service fee	MO		\$10.00
2					
10/31/2023 //	Wells Fargo, 3201 W. Vine Kissimmee, FL 34741	service fee	MO		\$10.00
3					
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//					
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