CAMPAIGN TREASURER'S REPORT SUMMARY							
(1)	Robbie Riggins	OFFICE USE ONLY					
· .	Name	ONLINE SUBMISSION [1302744]					
(2)	433 Missouri Avenue	Submitted on:					
	Address (number and street)	1/10/2024 17:30:43 (eastern)					
	St. Cloud, FL 34769 City, State, Zip Code						
	☐ Check here if address has changed	(3) ID Number: 639					
(4)	Check appropriate box(es):	(6)					
(~)	* * *	or City Council Member Seat 1					
	Political Committee (PC)						
		Check here if PC or ECO has disbanded					
	☐ Party Executive Committee (PTY) [☐ Independent Expenditure (IE) (also covers an [☐ Independent Expendent	☐ Check here if PTY has disbanded☐ Check here if no other IE or EC reports will be filed					
	individual making electioneering communications)	Check here if no other in or no reports will be med					
_	` , .	t Identifiers					
Cov	er Period: From 10 / 1 / 2023 To	12 / 31 / 2023 Report Type: Q4					
X O	Original Amendment Spe	ecial Election Report					
(6)	Contributions This Report	(7) Expenditures This Report					
	· · · · · · · · · · · · · · · · · · ·	Monetary					
Casl	h & Checks \$, , 0 . 00	Expenditures \$, , 0 . 00					
Loor	ns \$, , 0.00	Transfers to					
Loar	ıs	Office Account \$, , 0 . 00					
Tota	al Monetary \$, , 0 . 00	,,,					
		Total Monetary \$, , 0 . 00					
In-Ki	ind \$, ,, 270 . 00	· · · · · · · · · · · · · · · · · · ·					
		(8) Other Distributions					
		\$,, <u>0</u> . <u>00</u>					
(0)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
(9)	\$, , 0 00	\$, , 0. 00					
	, <u> </u>	,,,					
		tification					
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:							
(T	ype name)	(Type name)					
	Individual (only for IE Treasurer Deputy Treasurer electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)					
Х		X					
	ignature	Signature					

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Robbie Riggins				(2) I.D. Number ₆₃₉					
	10/1/2023		12/31/2023						
(3) Cover Peri	od//	_ thr	ough	<i>I I</i>	(4) Pag	je ¹	of		
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)		
(6) Sequence	(Last, Suffix, First, Middle) Street Address &		ontributor	Contribution	In-kind		_		
Number	City, State, Zip Code		Occupation	Туре	Description	Amendment	Amount		
11/29/2023	Riggins, Robert Ray 433 Missouri Ave St.Cloud, Fl 34769	7 S	restaurant manager	IK	campaign float for parade		\$120.0		
1									
11/29/2023	Riggins, Robert Ray 433 Missouri Ave St. Cloud, Fl 34769	S	restaurant manager	IK	banners for float		\$150.0		
2	St. Cloud, Fl 34/69								
1 1									
I I									
1 1									

) Name Robbio	10/1/2023 12 	/31/2023	2) I.D. Number I) Page <u> </u>		
(5) Date (6) Sequence Number	(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)	(11)
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OS-DE 14 (Rev. 11/13)							