CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Tom McKone	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION							
(2)	2880 Deer Run	Submitted on:							
	Address (number and street)	6/4/2022 18:14:47 (eastern)							
	Tarpon Springs, FL 34688  City, State, Zip Code	<del></del>							
	Check here if address has changed	(3) ID Number: 1102							
(4)		(3) 1D Number							
(4)	Check appropriate box(es):	non Chog Five Cont Digt Cost 4							
	☐ Candidate Office Sought: East Lake Tar	pon Spec. Fire Cont. Dist Seat 4							
		☐ 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							
Cove	er Period: From $\underline{6}$ / $\underline{1}$ / $\underline{2022}$ To	6 / 17 / 2022 Report Type: P1							
X O	riginal Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Cash	n & Checks \$,,,0 . 00	Monetary							
Loar	s \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$ , , 0 . 00							
Tota	I Monetary \$ , , 0 . 00	Total Monetary \$,,,							
In-Ki	nd \$ , , 0 . <u>00</u>								
		(8) Other Distributions							
		\$ , , <u>0</u> . <u>00</u>							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
	\$,, <u>50</u> 00	\$,, <u>25</u> . <u>00</u>							
(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) (Type name)									
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)							
Х		×							
	gnature	Signature							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Tom McKone				2) I.D. Numbe	r1	102
	6/1/2022		6	/17/2022			
(3) Cover Perio	od//	thro	ough	<i>I I</i>	(4) Page	<u> </u>	of
(5) Data	(7)		(8)	(9)	(10)	(11)	(12)
Date (6)	Full Name (Last, Suffix, First, Middle)						
Sequence	Street Address &	Co	ontributor	Contribution	In-kind		
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 Tom McKone						 (2) I.D. Number			1102		
	6/1/20	122		6/17/20	22		-				
(3) Cover Period	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
6/1/2022	Supervisor of Elections, 13001 Starkey Rd Largo, Fl 33773	qualifying fee	МО		\$25.00
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