

CAMPAIGN TREASURER'S REPORT SUMMARY

OFFICE USE ONLY

(1) Martha Santiago
Name

(2) 724 Santa Maria Dr. SE
Address (number and street)

Winter Haven, FL 33884
City, State, Zip Code

Check here if address has changed

(3) ID Number: 202

(4) Check appropriate box(es):

- Candidate Office Sought: County Commission District 4
- 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 6 / 18 / 2022 To 7 / 1 / 2022 Report Type: P2

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 \$, 2 , 740 . 74

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, 2 , 740 . 74

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 93 , 975 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 5 , 721 . 47

(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 Martha Santiago (2) I.D. Number 202
 (3) Cover Period 6/18/2022 through 7/1/2022 (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 Martha Santiago

(2) I.D. Number 202

(3) Cover Period 6/18/2022 through 7/1/2022

(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 | | | | | |
| 6/21/2022 // | Supervisor of Elections, 70 Florida Citrus Blvd Winter Haven, FL 33880 | candidate filing fee | MO | Add | \$2,740.74 |
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