CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Nick Altier	OFFICE USE ONLY						
Name	ONLINE SUBMISSION [1288643]						
(2) 1989 Kingsdown Dr.	Submitted on:						
Address (number and street) Sarasota, FL 34240	11/21/2022 19:08:08 (eastern)						
City, State, Zip Code							
Check here if address has changed	(3) ID Number: 1054						
(4) Check appropriate box(es):	· · ·						
<ul> <li>Candidate Office Sought: Hospital Board Northern District, Seat 2</li> <li>Political Committee (PC)</li> <li>Electioneering Communications Org. (ECO)</li> <li>Party Executive Committee (PTY)</li> <li>Independent Expenditure (IE) (also covers an individual making electioneering communications)</li> <li>Check here if PTY has disbanded</li> <li>Check here if no other IE or EC reports will be filed</li> </ul>							
(5) Report Identifiers							
Cover Period: From <u>8</u> / <u>19</u> / <u>2022</u> To	0 <u>11</u> / <u>21</u> / <u>2022</u> Report Type: <u>TRP</u>						
Image: Special Election Report							
(6) Contributions This Report	(7) Expenditures This Report						
Cash & Checks \$ , , , 000	Monetary Expenditures \$,, <u>122</u> .94						
Loans \$,, <u>0</u> .00	Transfers to Office Account \$,,,0						
Total Monetary       \$	Total Monetary \$ , , <u>122</u> . <u>94</u>						
······································	(8) Other Distributions						
	\$,, <u>0</u> . <u>00</u>						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$, <u>3</u> _, <u>150</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 ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)						
x	x						
Signature	Signature						

DS-DE 12 (Rev. 11/13)

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name <u>Nick Altier</u>				(2) I.D. Number					
	8/19/2022		1	1/21/2022					
(3) Cover Perio	od / /	thro	bugh	<i>ll</i>	(4) Page	e _1	of		
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)	(8)		(9)	(10)	(11)	(12)		
Sequence	Street Address &	C	ontributor	Contribution	In-kind				
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount		
1 1									
/ /	_								
1 1	_								
1 1	-								
1 1	-								
1 1	-								
1 1									
/ /									

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name <u>Nick</u>	CAMPAIGN TREASURER'	(2	EXPENDIT 2) I.D. Number		1054
(3) Cover Period	8/19/2022 d/_/through	11/21/2022 /(4	4) Page <u>1</u>	of_	1
(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) Amendment	(11) Amount
10/28/2022	Republican Party of Sarasota, 1747 Cattleman Rd Sarasota, Fl 34232	clear my campaign account to sarasota republican party	DP		\$122.94
_/ /					
_/_/					
_/_/					
_ / /					
11					

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES