CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	Gabby Rothman	OFFICE USE ONLY								
` '	Name	ONLINE SUBMISSION								
(2)	637 SE Goldenrod Road	[1296434]								
	Address (number and street)	Submitted on:								
	Port St Lucie, FL 34984	5/10/2023 08:55:43 (eastern)								
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number:602								
(4)	Check appropriate box(es):									
	<ul> <li>☐ Candidate Office Sought: Tax Collector</li> <li>☐ Political Committee (PC)</li> <li>☐ Electioneering Communications Org. (ECO)</li> <li>☐ Party Executive Committee (PTY)</li> <li>☐ Check here if PC or ECO has disbanded</li> <li>☐ Check here if PTY has disbanded</li> <li>☐ Check here if PTY has disbanded</li> <li>☐ Check here if no other IE or EC reports will be filed individual making electioneering communications)</li> </ul>									
	(5) Report	Identifiers								
Cove		1 / 31 / 2023 Report Type: M1								
□ 0	riginal 🖾 Amendment 🗌 Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Casł	n & Checks \$ ,1 , <u>750</u> . <u>00</u>	Monetary								
Loar	s , , , <u>0</u> . <u>00</u>	Transfers to Office Account \$ , , , 0 . 00								
Tota	I Monetary \$ ,1 , <u>750</u> . <u>00</u>	Total Monetary \$ , , 0 . 00								
In-Ki	and \$,,,000									
		(8) Other Distributions \$ , , 000_								
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
	\$	\$, <u>3</u> , <u>890</u> . <u>30</u>								
<u>(T</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)    Individual (only for IE   Treasurer   Deputy Treasurer   Candidate   Chairperson (only for PC and PTY)									
or	electioneering comm.)									
X		_X								
Si	gnature	Signature								

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name	abby Rothman				(2	) I.D. Number		602	
	1/1/2023			1/31/	2023				
(3) Cover Period	1 /	1	through	1	1	(4) Page	1	of	1

(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)	(8)		(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	C Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
1/11/2023	A&G Concrete Pools Inc, Glades Cutoff Rd Port St Lucie, FL 34986	В	pool contractor	CH	·	Delete	\$1,000.0
1/11/2023	A&G Concrete Pools Inc, Glades Cutoff Rd Port St Lucie, FL 34986	В	pool contractor	СН		Add	\$0.0
1/12/2023	Kalidonis Enterprises Inc, Fleetwood Ln Fort Pierce, FL 34982	В	tax preparer	СН		Delete	\$250.0
1/12/2023	Kalidonis Enterprises Inc, Fleetwood Ln Fort Pierce, FL 34982	В	tax preparer	СН		Add	\$0.0
1/23/2023 / /	Leonard, Maredith F Crosby Pl Port St Lucie, FL 34986	k I	photograph er	CH		Delete	\$500.0
1/23/2023	Leonard, Maredith F Crosby Pl Port St Lucie, FL 34986	R I	photograph er	CH		Add	\$0.0
/ /							
1 1							

(1) Name Gabby	Rothman			D EXPENDITURES (2) I.D. Number 602			
(3) Cover Period _	1/1/2023	1/	31/2023	(4) Page1	of	0	
					300		
(5) Date  (6) Sequence Number	(7 Full N (Last, Suffix, I Street Ad City, State,	ame First, Middle) dress &	(8) Purpose (add office sough contribution to a candidate)	t if Expenditure Type	(10)	(11) Amount	
//							
//							
//							
//							
//							
//							
//							