CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Tom Rivers	OFFICE USE ONLY						
Name	ONLINE SUBMISSION [1281287]						
(2) <u>303 Porpoise Point Dr</u>	Submitted on:						
Address (number and street) St Augustine, FL 32084	9/16/2022 13:20:47 (eastern)						
City, State, Zip Code	—						
Check here if address has changed	(3) ID Number: 1197						
(4) Check appropriate box(es):							
 Check appropriate box(es): Candidate Office Sought: <u>Port Waterway and Beach - Group 5</u> Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if PC or ECO has disbanded Check here if PTY has disbanded Check here if no other IE or EC reports will be filed 							
(5) Report Identifiers							
Cover Period: From <u>8</u> / <u>27</u> / <u>2022</u> To	9 / 9 / 2022 Report Type:G2						
☐ Original ☐ Amendment ☐ Sp	ecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
Cash & Checks \$, , <u>500</u> . <u>00</u>	Monetary Expenditures \$, , , 0 . 00						
Loans \$,, <u>0</u> .00	Transfers to Office Account \$,,0 . 00						
Total Monetary \$	Total Monetary \$, , , 0 . 00						
	(8) Other Distributions						
	\$,, 00_						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$,, <u>500</u> . <u>00</u>	\$,, <u>0</u> . <u>00</u>						
ا (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						

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	(2) I.D. Number						
	8/27/2022		9	/9/2022			
(3) Cover Peri	od / /	thre	ough	<i>ll</i>	(4) Page	e	of _1
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence	Street Address &	6	ontributor	Contribution	In-kind		
Number	City, State, Zip Code		Occupation	Туре	Description	Amendment	Amount
	Rivers, Tom		realtor	СН	loan to my		\$500.00
8/29/2022 / /	303 Porpoise Point Dr St Augustine, FL 32084				own campaign		
1							
8/31/2022 / /	Rivers, Tom 303 Porpoise Point St Augustine, FL 32084	I	realtor	IK	old campaign sign from a previous		\$10.00
2					campaign		
/ /							
1 1	_						
1 1							
1 1							
1 1	_						
1 1							

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (1) Name <u>Tom Rivers</u> (2) I.D. Number <u>1197</u>								
	8/27/2022 d/through_	9/9/2022	(4) Page <u>1</u>		0			
n 				and a second				
(5) Date	(7) Full Name	(8) Purpose	(9)	(10)	(11)			
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(add office soug) contribution to candidate)	nt if a Expenditure Type	Amendment	Amount			
_ / /								
//								
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11								
//								
11								
11								
_/ /								

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