	CAMPAIGN TREASURE	R'S REPORT SUMMARY							
(1)	Donald J Samora	OFFICE USE ONLY ONLINE SUBMISSION							
(0)	Name 213 N Forest Dune Dr.	[1278843]							
(2)		Submitted on:							
	Address (number and street) St. Augustine, FL 32080	8/30/2022 12:34:50 (eastern)							
	City, State, Zip Code								
	☐ Check here if address has changed	(3) ID Number: 1230							
(4)	Check appropriate box(es):								
\ -	(4) Check appropriate box(es): X Candidate Office Sought: City of St. Aug. Beach Comm Seat 5 Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY)								
	(5) Report	Identifiers							
Cov	er Period: From 6 / 18 / 2022 To	9 / 15 / 2022 Report Type: TRQ							
X O	Original Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
	h & Checks \$, , 000	Monetary							
Loar		Transfers to Office Account \$, , , 0 · 00							
	al Monetary \$,,	Total Monetary \$, , _23 . 06							
In-Ki	find \$,,								
		(8) Other Distributions \$, , 000_							
(9) TOTAL Monetary Contributions To Date \$\\ _\ _\ _\ _\ _\ _\ \\ \ \ \									
(T	(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								
<u>X</u>		X							
Si	ignature	Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Donald J Samora			(2) I.D. Number				
	6/18/2022		9	/15/2022		_		
(3) Cover Peri	od / /	thro	ough	11_	(4) Page	<u> </u>	of	
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)	
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount	
Number	Oity, State, Zip Code	Турс	Оссирацоп	Турс	Description		Amount	
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1 1								
x 9								
1 1								
f I								
1 1								

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Donald 3	J Samo	ra				 (2) I.D. Nun	nber	1	L230	
	6	/18/20)22		9/15/20)22	*				
(3) Cover Po	eriod	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
8/30/2022	Samora, Don 213 N Forest Dune Dr	refund of unused	МО		\$23.06
1	St Augustine, FL 32080	contributions.		ä	
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