| CAMPAIGN TREASURER'S REPORT SUMMARY  |   |   |  |  |  |  |
|--|---|---|--|--|--|--|
| (1)  | Noah Douglas Kowieski   | OFFICE USE ONLY                             |  |  |  |  |
|  | Name  | ONLINE SUBMISSION                           |  |  |  |  |
| (2)  | 120 Lasa Commons Cir.; Apt 303  | Submitted on:                               |  |  |  |  |
|  | Address (number and street) St. Augustine, FL 32084   | 8/5/2022 22:42:05 (eastern)                 |  |  |  |  |
|  | City, State, Zip Code   | <del></del>                                 |  |  |  |  |
|  | Check here if address has changed   | (3) ID Number: 1251                         |  |  |  |  |
| (4)  | Check appropriate box(es):  |   |  |  |  |  |
|  | <ul> <li>☐ Candidate Office Sought: City of St. Aug. Comm - Seat 3/Mayor</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                                 |  |  |  |  |
| Cove   | er Period: From 7 / 23 / 2022 To  |   |  |  |  |  |
| X O  | riginal Amendment Spo   | ecial Election Report                       |  |  |  |  |
| (6)  | Contributions This Report   | (7) Expenditures This Report                |  |  |  |  |
| Casl   | n & Checks \$ , , <u>100</u> . <u>00</u>  | Monetary                                    |  |  |  |  |
| Loar   |   | Transfers to Office Account \$ , , , 0 . 00 |  |  |  |  |
| Tota   | I Monetary \$ , , <u>100</u> . <u>00</u>  | Total Monetary \$ , , 0 . 00                |  |  |  |  |
| In-Ki  | ind \$,,  | ,,  |  |  |  |  |
|  |   | (8) Other Distributions \$ , , 000_         |  |  |  |  |
| (9)  | (9) TOTAL Monetary Contributions To Date \$ , 1 , _17500  |   |  |  |  |  |
| (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 |   |   |  |  |  |  |
| X  |   | X   |  |  |  |  |
| Si   | gnature   | Signature                                   |  |  |  |  |

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

| (1) Name Noah Douglas Kowieski (2) I.D. Number 1251 |  |                                   |                       |                          |             |         |
|---|--|-----------------------------------|-----------------------|--------------------------|-------------|---------|
|   | 7/23/2022<br>od///   | •                                 | 7/29/2022             | (4) Pag                  | ge <u>1</u> | of      |
| (5) Date (6) Sequence Number                        | (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)        | (12)    |
| 7/28/2022   | Schaefer, Eric<br>76 de haven st<br>st augustine, fl 32084                         | I cto                             | СН                    |                          |             | \$100.0 |
| 1 1   |  |                                   |                       |                          |             |         |
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| J I   |  |                                   |                       |                          |             |         |

|                  | CAMPAIGN TREASURER'S REPORT - ITEMIZ<br>Noah Douglas Kowieski |                  |                | ZED EXPENDIT<br>(2) I.D. Numbe |      | <b>RES</b> 1251 |  |
|------------------|---|------------------|----------------|--------------------------------|------|-----------------|--|
| (3) Cover Period | 7/23/2022<br>/ /  | 7/29<br>through/ | /2022<br>      | (4) Page1                      | of_  | 0               |  |
| (5)<br>Date      | (7<br>Full N  | )<br>lame        | (8)<br>Purpose | (9)                            | (10) | (11)            |  |

| (6) Sequence Number | Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | Purpose<br>(add office sought if<br>contribution to a<br>candidate) | Expenditure<br>Type | Amendment | Amount |
|---------------------|---|---|---------------------|-----------|--------|
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