CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	Michael Anthony Green	OFFICE USE ONLY								
	Name	ONLINE SUBMISSION								
(2)	1964 Landry Rd	Submitted on:								
	Address (number and street)	1/10/2024 12:01:01 (eastern)								
	Perry, FL 32348									
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number:230								
(4)	Check appropriate box(es):									
	☐ Candidate Office Sought: County Commission - District 3									
	Political Committee (PC)	Charle have if BC or ECO has dishanded								
		☐ Check here if PC or ECO has disbanded ☐ Check here if PTY has disbanded								
	☐ Independent Expenditure (IE) (also covers an	☐ Check here if no other IE or EC reports will be filed								
	individual making electioneering communications)									
	(5) Report	I Identifiers								
Cov	` , .									
		12 / 31 / 2023 Report Type: Q4								
X O	Original Amendment Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
	!	Monetary								
Casl	h & Checks \$, , <u>150</u> . <u>00</u>	Expenditures \$, , 0 . 00								
	Φ 0.00									
Loar	ns \$,, <u>0</u> .00	Transfers to Office Account \$								
T.4.	\$ 150 00	Office Account \$, , , 0 . 00								
lota	al Monetary \$, , <u>150</u> . <u>00</u>	Total Monetary \$. 0 . 00								
T . 12	· · • 0 00	Total Monetary \$, , , 0 . 00								
In-Ki	ind \$,, <u>0</u> .00									
		(8) Other Distributions								
		\$,, <u>0</u> . <u>00</u>								
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
	\$	\$, , <u>0</u> . <u>00</u>								
	(11) Cert It is a first degree misdemeanor for any perso									
I certify that I have examined this report and it is true, correct, and complete:										
_(T	ype name)	(Type name)								
	Individual (only for IE Treasurer Deputy Treasurer electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)								
X		X								
Si	ignature	Signature								

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Michael Anthony Gre	en	(2) I.D. Number					
(3) Cover Perio	10/1/2023 od / /	through	12/31/2023 _ / /	(4) Pag	ge <u>1</u>	of		
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)	(8)	(9)	(10)	(11)	(12)		
Sequence Number	Street Address & City, State, Zip Code	Contributor Type Occupation	Contribution Type	In-kind Description	Amendment	Amount		
12/5/2023	Green, Michael Anthony 1964 E Landry Rd	S self employed	CA			\$150.0		
1	Perry, FL 32348							
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (1) Name Michael Anthony Green (2) I.D. Number 230									
		2/31/2023	l) Page1		0				
(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)	(11) Amount				
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