	CAMPAIGN TREASURER'S REPORT SUMMARY						
(1)	Scott Stiltner	OFFICE USE ONLY					
	Name	ONLINE SUBMISSION					
(2)	1716 Creekwater Blvd	Submitted on:					
	Address (number and street)	5/2/2022 14:00:26 (eastern)					
	Port Orange, FL 32128						
	City, State, Zip Code						
	Check here if address has changed	(3) ID Number:828					
(4)	Check appropriate box(es):						
	☐ Candidate Office Sought: Port Orange Co	ouncil District 4					
	Political Committee (PC)	Charles & DO as EOO has disbonded					
		☐ 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					
	individual making electioneering communications)	-					
	(5) B						
_		Identifiers					
Cov	ver Period: From $\frac{4}{2}$ / $\frac{1}{2}$ / $\frac{2022}{2}$ To	4 / 30 / 2022 Report Type: M4					
X C	Original Amendment Spe	ecial Election Report					
(6)	Contributions This Report	(7) Expenditures This Report					
	!	Amendment					
Cas	h & Checks \$, , <u>125</u> . <u>00</u>	(7) Expenditures This Report Monetary Monetary Expenditures ,					
48 a	ф 0.00						
Loar	ns						
	125 00	Office Account \$,					
Tota	al Monetary \$, , <u>125</u> . <u>00</u>	T-t-1M-m-t-m. d					
	*	Total Monetary \$, , 0 . 00					
In-K	(ind \$,,,000						
		(8) Other Distributions					
		\$,, <u>0</u> . <u>00</u>					
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
(-,	\$, <u>325</u> . <u>00</u>	\$, , 0. 00					
	,,,,	,,,					
	3 /	tification					
	It is a first degree misdemeanor for any person	on to falsify a public record (ss. 839.13, F.S.)					
lo	certify that I have examined this report and it is true, corre	ect, and complete:					
(T	Type name)	(Type name)					
	Individual (only for IE Treasurer Deputy Treasurer	Candidate Chairperson (only for PC and PTY)					
	electioneering comm.)	G official policies, (e.i., i.e., and ,					
V	,						
X	ignature	X Signature					
	anature	i Signature					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	tt Stiltn	er) I.D. Number _		828		
	4/1/202	2		4/30/	2022				
(3) Cover Period	1	1	through	1	1	(4) Page	1	of	1

(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &		(8) ontributor	(9) Contribution	(10) In-kind	(11)	(12)
Number	City, State, Zip Code	Туре		Туре	Description	Amendment	Amount
1	Atwood, Cathleen A 872 Sugar Grove Court Port Orange , Fl 32129	A I	retired	СН			\$50.0
4/4/2022	Atwood, Kenneth L 872 Sugar Grove Court Port Orange, Fl 32129	I	retired	СН			\$50.(
4/5/2022	Foley, Jonathan Reed 739 Horseman Dr Port Orange, Fl 32127	I	entertainm ent / musiciar				\$25.
f I							
1 1							
I I							
1 1							
1 1							

Name Scott	4/1/2022 4	/30/2022	(2) I.D. Number828			
Cover Period _	/through	/ (4) Page <u>1</u>	of	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) Amendment	(11) Amoun	
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