

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Susan Sigler
 Name

(2) 2834 Osprey Cove Dr
 Address (number and street)
New Smyrna Beach, FL 32168
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1263381]

Submitted on:
 6/9/2022 10:27:06 (eastern)

Check here if address has changed

(3) ID Number: 858

(4) Check appropriate box(es):

- Candidate Office Sought: County Council Member, District 3
- Political Committee (PC)
- Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded
- Party Executive Committee (PTY) Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 1 / 1 / 2022 To 8 / 8 / 2022 Report Type: TRW

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 0 . 00

Loans \$, , 0 . 00

Total Monetary \$, , 0 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, 5 , 050 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, 5 , 050 . 00

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 5 , 050 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 5 , 050 . 00

(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 or electioneering comm.) Treasurer Deputy Treasurer

X _____
 Signature

(Type name) _____
 Candidate Chairperson (only for PC and PTY)

X _____
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Susan Sigler (2) I.D. Number 858

1/1/2022 through 8/8/2022

(3) Cover Period _____ / _____ / _____ through _____ / _____ / _____ (4) Page 1 of 0

(5) Date	(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) Amendment	(12) Amount
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Susan Sigler

(2) I.D. Number 858

(3) Cover Period 1/1/2022 through 8/8/2022

(4) Page 1 of 1

(5) Date	(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) Amount
(6) Sequence Number					
5/11/2022 / /	Sigler, Susan G ***Protected Voter***	reimbursement	MO		\$5,050.00
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