CAMPAIGN TREASURER'S REPORT SUMMARY							
Name (2) 121 Virginia Street Address (number and street) Edgewater, FL 32132 City, State, Zip Code Check here if address has changed (4) Check appropriate box(es): Candidate Office Sought: Edgewater County Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications)	OFFICE USE ONLY ONLINE SUBMISSION [1332461] Submitted on: 9/29/2024 15:00:30 (eastern) (3) ID Number: 1048 mail District 2 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						
Cover Period: From 9 / 7 / 2024 To	Identifiers 9 / 20 / 2024 Report Type:						
(6) Contributions This Report Cash & Checks \$	(7) Expenditures This Report Monetary Expenditures \$						
(9) TOTAL Monetary Contributions To Date \$,3_, _87220_	(8) Other Distributions \$,,,000 (10) TOTAL Monetary Expenditures To Date \$,1 ,91579						
(11) Cert It is a first degree misdemeanor for any person I certify that I have examined this report and it is true, corre (Type name) Individual (only for IE Treasurer Deputy Treasurer or electioneering comm.) X Signature	on to falsify a public record (ss. 839.13, F.S.)						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Gigi Bennington				2) I.D. Numbe	<u> </u>	048
	9/7/2024		9	/20/2024			
(3) Cover Perio	od//	through	1	1 1	(4) Pag	e ¹	of ⁰
			-			-	
(5)	(7)	(8))	(9)	(10)	(11)	(12)
Date	Full Name			()		0000 000	**************************************
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &	Contril	outor	Contribution	In-kind		
Number	City, State, Zip Code		cupation	Туре	Description	Amendment	Amount
)		***	*	3-370	A		
J I							
87 6							
1							
F L							
						9	
1 1							
			-			=	
1							
STN E							
1							
L L	-						
1 1							
8 6							
1 1							
r I							
1 1							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name <u>G</u>	igi Ben	ningt	on				 (2) I.D. Nun	nber	1	L048	.00
	9,	7/20	24		9/20/20	024					
(3) Cover Pe	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
9/16/2024	city of edgewater, 104 n riverside edgewater, fl 32132	sign permit	MO		\$28.60
1					
//					
//					
//					
//					
//					
//					
_//					
DS-DE 14 (Rev.	4440 1				