

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Thomas Raffanello

Name

(2) 172 Key Heights Dr.

Address (number and street)

Tavernier, FL 33070

City, State, Zip Code

☐ Check here if address has changed

OFFICE USE ONLY

10-11-2024 P02:58

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

☒ Candidate Office Sought: Village Council Seat 4

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ 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

### (5) Report Identifiers

Cover Period: From 09 / 28 / 2024 To 10 / 04 / 2024 Report Type: 24G4

☐ Original

☐ Amendment

☐ Special Election Report

### (6) Contributions This Report

Cash & Checks \$        ,        , 500. 42

Loans \$        ,        ,       

Total Monetary \$        ,        , 500. 42

In-Kind \$        ,        ,       

### (7) Expenditures This Report

Monetary Expenditures \$        ,        ,       

Transfers to Office Account \$        ,        ,       

Total Monetary \$        ,        , 0. 00

### (8) Other Distributions

\$        ,        ,       

### (9) TOTAL Monetary Contributions To Date

\$        , 12 , 200. 52

### (10) TOTAL Monetary Expenditures To Date

\$        , 3 , 799. 61

### (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) Susan Raffanello

☐ Individual (only for IE or electioneering comm.) ☐ Treasurer ☒ Deputy Treasurer

X   
Signature

(Type name) Tom Raffanello

☒ Candidate ☐ Chairperson (only for PC and PTY)

X   
Signature

# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Thomas Raffanello (2) I.D. Number \_\_\_\_\_

(3) Cover Period 09 / 28 / 2024 through 10 / 04 / 2024 (4) Page 1 of 1

(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
(6) Sequence Number		Type	Occupation	Type	Description		
09 / 30 / 24 1	Southstate Bank			INT			0.42
10 / 04 / 24 2	The DeLaGuerra Seaman Family Trust 1930 Village Center Circle 3-719 Las Vegas, NY 89134	I	Retired	CHE			500.00
/ /							
/ /							
/ /							
/ /							