

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Van Hunter Cadenhead

OFFICE USE ONLY

Name

(2) 86550 Overseas Hwy

Address (number and street)

Islamorada FL 33036

City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Village Council Seat 1

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

10-23-2024 P05:11

(5) Report Identifiers

Cover Period: From 10 / 12 / 24 To 10 / 18 / 24 Report Type: 24G6

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , .

Loans \$, , .

Total Monetary \$, , .

In-Kind \$, , .

(7) Expenditures This Report

Monetary Expenditures \$, , .

Transfers to Office Account \$, , .

Total Monetary \$, , .

(8) Other Distributions

\$, , .

(9) TOTAL Monetary Contributions To Date

\$, , .

(10) TOTAL Monetary Expenditures To Date

\$, , .

(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) Suzanne Miller

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

X Suzanne Miller
Signature

(Type name) Van Hunter Cadenhead

Candidate Chairperson (only for PC and PTY)

X Van Hunter Cadenhead
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Van Hunter Cadenhead

(2) I.D. Number _____

(3) Cover Period 10 / 12 / 24 through 10 / 18 / 24 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Van Hunter Cadenhead

(2) I.D. Number _____

(3) Cover Period 10 / 12 / 24 through 10 / 18 / 24

(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
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