

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) ARFRED ERNEST BUIZ OLSAKEN
Name

(2) 285 TROPIC DRIVE
Address (number and street)

LAURELHAME BY THE SEA FLA 33308
City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: MAYOR OF TOWN OF LAURELHAME BY THE SEA

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 10 / 01 / 2023 To 12 / 31 / 2023 Report Type: 04

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , _____ . 01

Loans \$ _____ , _____ , 100 . 00

Total Monetary \$ _____ , _____ , _____ . _____

In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 9 . 16

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 100 . 01

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 9 . 16

(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) ARFRED ERNEST BUIZ OLSAKEN
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

(Type name) ARFRED ERNEST BUIZ OLSAKEN
 Candidate Chairperson (only for PC and PTY)

X _____
Signature

X _____
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name ALFRED ERNEST BIZ OUDAKER V (2) I.D. Number _____

(3) Cover Period 10 / 01 / 2023 through 12 / 31 / 2023 (4) Page 1 of 1

(5) Date	(6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
			Type	Occupation				
12 / 28 / 23	Q4-2	CENTENNIAL BANK 2600 E. COMMERCIAL BLVD FT. LAUD FLA 33308			INT			1.01
1 / 1								
1 / 1								
1 / 1								
1 / 1								
1 / 1								
1 / 1								
1 / 1								

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name ALFRED ERNEST BIRD OBJECTIVE

(2) I.D. Number _____

(3) Cover Period 10/01/23 through 12/31/23

(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
12/27/23 Q4-01-E	CENTENNIAL BANK 2600 E COMMERCIAL BLVD FT. LAUD RCTA 33306	PRINTING OF CHECKS	CAN		9.16
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