

RECEIVED
JUN 17 2024

BY:

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) John A. Graziano Campaign
Name

(2) 3230 Spanish River Drive
Address (number and street)

L.B.T.S., FL, 33062
City, State, Zip Code

OFFICE USE ONLY

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Commissioner District 1, Sect 3
- 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 7/1/24 To 6/1/24 Report Type: TR

- Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____

Loans \$ _____

Total Monetary \$ _____

In-Kind \$ _____

(7) Expenditures This Report

Monetary Expenditures \$ 3,109.77

Transfers to Office Account \$ _____

Total Monetary \$ 3,109.77

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ 8,000.00

(10) TOTAL Monetary Expenditures To Date

\$ 8,000.00

(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) John A. Graziano Campaign

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

(Type name) John A. Graziano Campaign

Candidate Chairperson (only for PC and PTY)

X [Signature]
Signature

X [Signature]
Signature



CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name John A. Grae And Campaign (2) I.D. Number _____

BY: _____ (3) Cover Period 3/1/24 through 6/1/24 (4) Page _____ of _____

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

(1) Name John A Gracia Campaign

(2) I.D. Number _____

(3) Cover Period 3/15/24 through 6/17/24

(4) Page _____ of _____

(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
1/22/24	Maintenance Press 51 N Federal Hwy Pompano Beach FL	Signs Resident	che		\$739.61
2/5/24	Maintenance Press 51 N. Federal Hwy Pompano Beach FL	Name tags	che		\$115.56
4/2/24	Angela Afe 1 Commercial Blvd LBT5, FL 33062	Volunteer Reception	che		450.00
6/14/24	John A Gracia 3230 Spanish River LBT5, FL 33062	home repair	che		1,772.57
6/10/24	Trist 221 Commercial Blvd LBT5, FL 33308	Checks - Service Charge	che		32.03
1/1					
1/1					
1/1					