

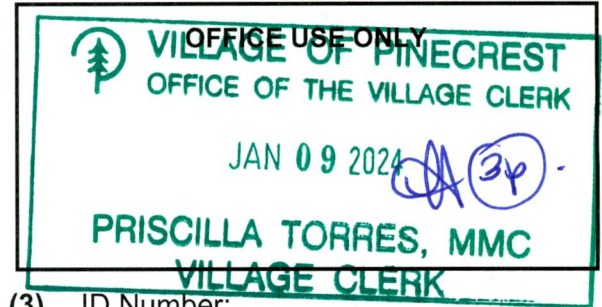
CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Shannon del Prado
Name

(2) 7000 SW 133rd Ct.
Address (number and street)

Pinecrest, FL 33156
City, State, Zip Code

Check here if address has changed



(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Village Council - Seat 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 12 / 1 / 23 To 12 / 31 / 23 Report Type: 2023Q4

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

X _____
Signature

(Type name) Shannon del Prado
 Candidate Chairperson (only for PC and PTY)

X _____
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Shannon del Prado

(2) I.D. Number _____

(3) Cover Period 12 / 1 / 23 through 12 / 31 / 23

(4) Page 2 of 3

| (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 |
|---------------------------|--|--|----------------------------|-------------------|----------------|
| (6) Sequence Number | | | | | |
| / / | | | | | |
| | | | | | |
| / / | | | | | |
| | | | | | |
| / / | | | | | |
| | | | | | |
| / / | | | | | |
| | | | | | |
| / / | | | | | |
| | | | | | |
| / / | | | | | |
| | | | | | |

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Shannon del Prado (2) I.D. Number _____

(3) Cover Period 12 / 1 / 23 through 12 / 31 / 23 (4) Page 3 of 3

| (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 | | |
| / / | | | | | | | |
| | | | | | | | |
| / / | | | | | | | |
| | | | | | | | |
| / / | | | | | | | |
| | | | | | | | |
| / / | | | | | | | |
| | | | | | | | |
| / / | | | | | | | |
| | | | | | | | |