

CAMPAIGN TREASURER'S REPORT SUMMARY

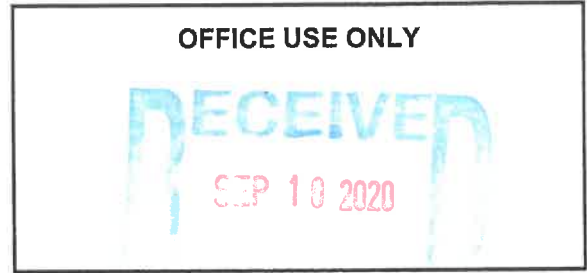
(1) EDWARD B. GALANTE
Name

(2) 800 NW Fork Rd. 5-P
Address (number and street)

STUART, FL 34994
City, State, Zip Code

Check here if address has changed

(3) ID Number: _____



(4) Check appropriate box(es):

- Candidate Office Sought: STUART City Commission Group #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 7/18/20 To 7/24/20 Report Type: P-5

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 0 . _____

Loans \$ _____, _____, _____ . _____

Total Monetary \$ _____, _____, _____ . _____

In-Kind \$ _____, _____, 0 . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 0 . _____

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

Total Monetary \$ _____, _____, 0 . _____

(8) Other Distributions

\$ _____, _____, _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____, ~~11,116.00~~
11,116.00

(10) TOTAL Monetary Expenditures To Date

\$ _____, 8,018.88
8,018.88

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

X
Signature

(Type name) _____
 Candidate Chairperson (only for PC and PTY)

X
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Edward B. GAGANE (2) I.D. Number _____
 (3) Cover Period 7 / 18 / 20 through 7 / 24 / 20 (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
(6) Sequence Number					
///		No CONTRIBUTIONS		✓	
///					
///					
///					
///					
///					
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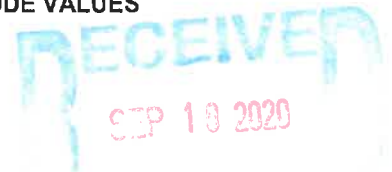
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SEP 18 2020

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Edward B. Galante (2) I.D. Number _____

(3) Cover Period 7 / 18 / 20 through 7 / 24 / 20 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type			
/ /		<i>No Expenditures</i>				✓	
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							



CAMPAIGN LOANS REPORT ITEMIZED

Page 1 of 1

(PLEASE TYPE) 7/18/20 - 7/24/20

FULL NAME AND ADDRESS OF LENDER:
Edward B. Galante
800 NW Park Rd S-P
STUART, FL 34994
OCCUPATION: Attorney
AMOUNT OF LOAN: 0
DATE RECEIVED: _____

FULL NAME AND ADDRESS OF LENDER:

AMENDMENT to R5
OCCUPATION: _____
AMOUNT OF LOAN: _____
DATE RECEIVED: _____

FULL NAME AND ADDRESS OF LENDER:

OCCUPATION: _____
AMOUNT OF LOAN: _____
DATE RECEIVED: _____

FULL NAME AND ADDRESS OF LENDER:

OCCUPATION: _____
AMOUNT OF LOAN: _____
DATE RECEIVED: _____

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OCCUPATION: _____
AMOUNT OF LOAN: _____
DATE RECEIVED: _____

FULL NAME AND ADDRESS OF LENDER:

OCCUPATION: _____
AMOUNT OF LOAN: _____
DATE RECEIVED: _____

