

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Molly Allison Diallo
 Name
 (2) 10350 West Bay Harbor Drive Unit 9U
 Address (number and street)
Bay Harbor Islands, Florida 33154
 City, State, Zip Code



(3) ID Number: _____

Check here if address has changed

(4) Check appropriate box(es):
 Candidate Office Sought: Council Member, Town of Bay Harbor Islands
 Political Committee (PC)
 Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded
 Party Executive Committee (PTY) Check here if PTY has disbanded
 Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 01 / 01 / 2025 To 01 / 24 / 2025 Report Type: G1

Original Amendment Special Election Report

(6) Contributions This Report

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

Loans \$ _____ , _____ , 100.00

Total Monetary \$ _____ , _____ , 100.00

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , _____ . 0

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

Total Monetary \$ _____ , _____ , _____ . 0

(8) Other Distributions
 \$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date
 \$ _____ , _____ , 100.00

(10) TOTAL Monetary Expenditures To Date
 \$ _____ , _____ , _____ . 0

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

(Type name) Molly Allison Diallo
 Candidate Chairperson (only for PC and PTY)

X Molly Allison Diallo
 Signature

X Molly Allison Diallo
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Molly Allison Diallo (2) I.D. Number /

(3) Cover Period 01 / 01 / 25 through 01 / 24 / 25 (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 | | | |
| 1 / 17 / 25 | Molly Allison Diallo 10350 West Bay Harbor Drive 9U Bay Harbor Islands, FL 33154 | I | | LOA | | | \$100 |
| G1-01 | | | | | | | |
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