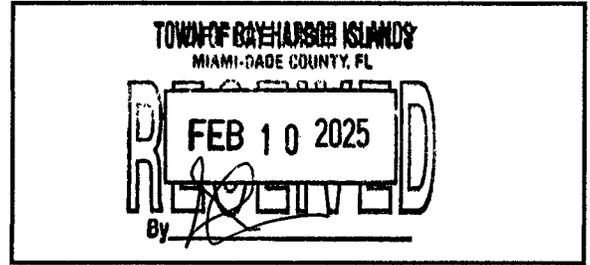


CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Dave Sanchez
 Name
 (2) 1080 94th St Apt 303
 Address (number and street)
Bay Harbor Islands, Florida, 33154
 City, State, Zip Code



Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):
 Candidate Office Sought: Town of Bay Harbor Islands Town Council Member
 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 / 25 / 2025 To 02 / 07 / 2025 Report Type: G2

Original Amendment Special Election Report

(6) **Contributions This Report**

Cash & Checks \$ _____ , _____ , 40 . 00

Loans \$ _____ , _____ , 0 . 00

Total Monetary \$ _____ , _____ , 40 . 00

In-Kind \$ _____ , _____ , 0 . 00

(7) **Expenditures This Report**

Monetary Expenditures \$ _____ , _____ , 0 . 00

Transfers to Office Account \$ _____ , _____ , 0 . 00

Total Monetary \$ _____ , _____ , 0 . 00

(8) **Other Distributions**
 \$ _____ , _____ , 0 . 00

(9) **TOTAL Monetary Contributions To Date**
 \$ _____ , _____ , 40 . 00

(10) **TOTAL Monetary Expenditures To Date**
 \$ _____ , _____ , 0 . 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) Dave Sanchez
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X *[Signature]*
 Signature

(Type name) Dave Sanchez
 Candidate Chairperson (only for PC and PTY)

X *[Signature]*
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Dave Sanchez (2) I.D. Number _____

(3) Cover Period Jan / 25 / 2025 through Feb / 07 / 2025 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
02, 07, 2025	Sanchez, Dave	S		CAS			\$40.00
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Dave Sanchez

(2) I.D. Number _____

(3) Cover Period Jan / 25 / 2025 through Feb / 07 / 2025

(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					
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