

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Allan Howard Hartle
Name

(2) 16191 Hillside Circle
Address (number and street)

Montverde Florida 34756
City, State, Zip Code



Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es): City Council (Town)

Candidate Office Sought: _____

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 08 10 1 2021 To 08 31 1 2021 Report Type: G1

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$. . \$310.00

Loans \$. . .

Total Monetary \$. . .

In-Kind \$. . .

(7) Expenditures This Report

Monetary Expenditures \$. . . \$60.00

Transfers to Office Account \$. . .

Total Monetary \$. . .

(8) Other Distributions
\$. . .

(9) TOTAL Monetary Contributions To Date
\$. . . \$310.00

(10) TOTAL Monetary Expenditures To Date
\$. . . \$60.00

(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:

<p>(Type name) <u>Carlissa Dianne Hartle</u></p> <p><input type="checkbox"/> Individual (only for IE or electioneering comm.) <input type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer</p> <p>x <u>C. Dianne Hartle</u> 9/9/21 Signature</p>	<p>(Type name) <u>Allan Howard Hartle</u></p> <p><input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC and PTY)</p> <p>x <u>Allan H. Hartle</u> 9/9/21 Signature</p>
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Allan Howard Hartle (2) I.D. Number _____

(3) Cover Period 08 101 2021 through 08 131 2021 (4) Page 1 of 1

(5) Date	(6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
			Type	Occupation	Type	Description		
08 118 2021	# G1.1	Hartle, Allan Howard 16191 Hillside Circle Montverde FL 34756	S	EHS Manager	CAS			\$310.00
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9/10/2021

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Allan Howard Hartle (2) I.D. Number _____
 (3) Cover Period 08 / 01 / 2021 through 08 / 31 / 2024 (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
08/18/21	Town of Montverde 17404 6th Street Montverde FL 34756	Candidate Filing Fee Town Council member	CAN		60.00
61					
11					
11					
11					
11					
11					
11					
11					

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