

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Michael C Wilde
 Name
 (2) 1610 Chinook Trail
 Address (number and street)
Maitland, FL 32751
 City, State, Zip Code

OFFICE USE ONLY
 Received
 FEB 09 2022
 Council/Clerk

(3) ID Number: _____

Check here if address has changed

(4) Check appropriate box(es):

- 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 01 / 01 / 2022 To 02 / 04 / 2022 Report Type: TR

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 \$ _____ , _____ , _____ 45. 10

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

Total Monetary \$ _____ , _____ , _____ 45. 10

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , _____ 100. 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , _____ 45. 10

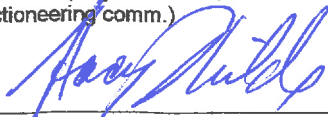
(11) Certification

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:

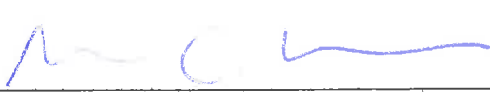
Stacy Wilde
 (Type name)

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

X 
 Signature

Michael C. Wilde
 (Type name)

Candidate Chairperson (only for PC and PTY)

X 
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

Michael C. Wilde

(1) Name _____ **(2) I.D. Number** _____
 01 01 2022 02 04 2022 1 1
(3) Cover Period ____ / ____ / ____ through ____ / ____ / ____ **(4) Page** ____ of ____

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation				
1/13/2022 / / 1	Wilde, Michael Christopher 1610 Chinook Trail Maitland, FL 32751	S	Attorney	LOA			\$100.00

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Michael C. Wilde

(2) I.D. Number _____

(3) Cover Period 01 / 01 / 2022 through 02 / 04 / 2022

(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					
1 24 / / 2022	City of Maitland 1776 Independence Lane Maitland, FL 32751	Qualifying Filing fee to City of Maitland	CAN		\$45.10
1					