

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 25 2022
Council/Clerk

Check here if address has changed

(3) ID Number: _____

(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: 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 \$ _____ , _____ , 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:

(Type name) Stacy Wilde

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

X 
Signature

(Type name) Michael C. Wilde

Candidate Chairperson (only for PC and PTY)

X 
Signature

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 Name
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 Address (number and street)
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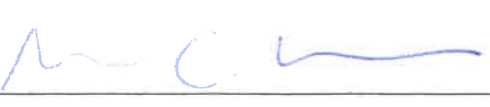
Stacy Wilde
 (Type name)

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 Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
1/13/2022 / /	Wilde, Michael Christopher 1610 Chinook Trail Maitland, FL 32751	S	Attorney	LOA			\$100.00
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