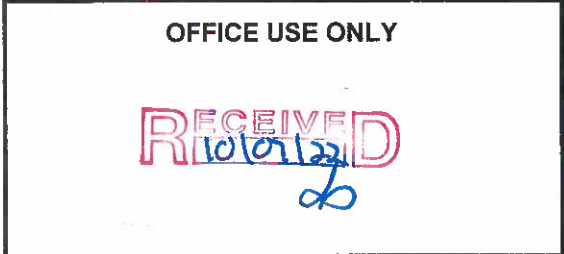


CAMPAIGN TREASURER'S REPORT SUMMARY

(1) LARGO'S HORIZON PAC
 Name
 (2) 11945 143RD ST #7106
 Address (number and street)
LARGO, FL, 33774
 City, State, Zip Code



Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- | | | |
|--|----------------------|--|
| <input type="checkbox"/> Candidate | Office Sought: _____ | <input type="checkbox"/> Check here if PC or ECO has disbanded |
| <input checked="" type="checkbox"/> Political Committee (PC) | | <input type="checkbox"/> Check here if PTY has disbanded |
| <input type="checkbox"/> Electioneering Communications Org. (ECO) | | <input type="checkbox"/> Check here if no other IE or EC reports will be filed |
| <input type="checkbox"/> Party Executive Committee (PTY) | | |
| <input type="checkbox"/> Independent Expenditure (IE) (also covers an individual making electioneering communications) | | |

(5) Report Identifiers

Cover Period: From 09 / 17 / 22 To 09 / 30 / 22 Report Type: G3-22

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks	\$ _____ , _____ , <u>120.00</u>
Loans	\$ _____ , _____ , <u>00.00</u>
Total Monetary	\$ _____ , _____ , <u>120.00</u>
In-Kind	\$ _____ , _____ , <u>00.00</u>

(7) Expenditures This Report

Monetary Expenditures	\$ _____ , _____ , <u>370.20</u>
Transfers to Office Account	\$ _____ , _____ , <u>00.00</u>
Total Monetary	\$ _____ , _____ , <u>370.20</u>

(8) Other Distributions

\$ _____ , _____ , 00.00

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 1130.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 1,098.84


(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:

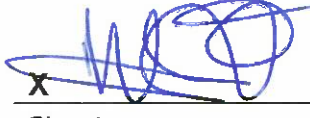
(Type name) LINA LINDBERG

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

X 
 Signature

(Type name) MELISSA HONEYCUTT

Candidate Chairperson (only for PC and PTY)

X 
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name LARGO'S HORIZON PAC (2) I.D. Number _____

(3) Cover Period 09 / 17 / 22 through 09 / 30 / 22 (4) Page 1 of 1

(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				
09 / 19 / 22 1	MARC ROGERS 405 SEMINOLE BLVD. LARGO FL 33770	I	Chiropractor	CHE			100.00
9 / 30 / 22 2	MARK TURNER 829 BELLEAIR ROAD CLEARWATER FL 33756	I		CAS			20.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name LARGO'S HORIZON PAC

(2) I.D. Number _____

(3) Cover Period 09 / 17 / 22 through 09 / 30 / 22

(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					
09 / 30 / 22	TURNER PRINTING 829 BELLEAIR ROAD CLEARWATER FL 33756	RACK CARDS	MON		\$370.20
1					
/ /					
/ /					
/ /					
/ /					
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/ /					