

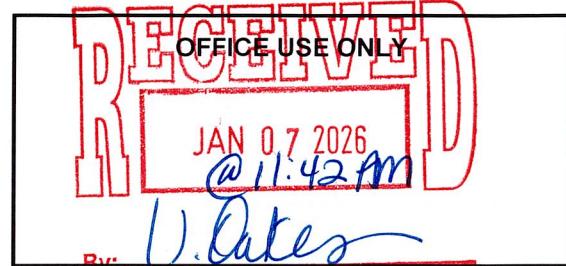
## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Robert Sullivan  
Name

(2) 2587 Frd  
Address (number and street)

Lox FLA 33470  
City, State, Zip Code

Check here if address has changed



(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate Office Sought: SEAT 1  
 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 10 / 01 / 25 To 12 / 31 / 25 Report Type: Q4

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$ 00, 00, 00

Loans \$ 00, 00, 00

Total Monetary \$ 00, 00, 00

In-Kind \$ 00, 00, 00

### (7) Expenditures This Report

Monetary Expenditures \$ 00, 00, 90 00

Transfers to Office Account \$ 00, 00, 00

Total Monetary \$ 00, 00, 90 00

### (8) Other Distributions

\$ 00, 00, 00

### (9) TOTAL Monetary Contributions To Date

\$ 00, 00, 00

### (10) TOTAL Monetary Expenditures To Date

\$ 00, 00, 90 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) Robert Sullivan  
 Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

Robert Sullivan  
Signature

(Type name) Robert Sullivan  
 Candidate  Chairperson (only for PC and PTY)

Robert Sullivan  
Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Robert Sullivan (2) I.D. Number \_\_\_\_\_(3) Cover Period 10/01/25 through 12/31/25 (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
<u>1/7/26</u> <u>P01</u>	<u>Robert Sullivan</u> <u>2587 F Rd</u> <u>Lox FL 33470</u>	<u>QUALIFYING FEE</u>	<u>CAN</u>		<u>90 00</u>
/ /					<b>RECEIVED</b>
/ /					JAN 07 2026 @ 11:42 AM
/ /					By: <u>V. Oakes</u>
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name Robert Sullivan (2) I.D. Number \_\_\_\_\_

(3) Cover Period 10 / 01 / 25 through 12 / 31 / 25 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8)		(9)	(10)	(11)	(12)
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Contributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
<u>1 / 7 / 26</u>	<u>Robert Sullivan</u> <u>2587 5th Rd</u> <u>Lox FL</u> <u>33470</u>	<u>S</u>	<u>RET</u>	<u>LOA</u>			<u>400 00</u>
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