

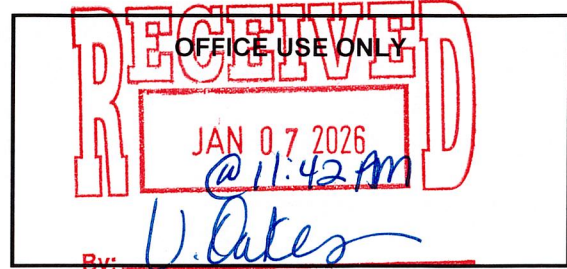
CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Robert Sullivan
Name

(2) 2587 Frd
Address (number and street)

Los 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: 04

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 38 400.00

Loans \$ _____, _____, 400.00

Total Monetary \$ _____, _____, _____

In-Kind \$ _____, _____, _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 90.00

Transfers to Office Account \$ _____, _____, _____

Total Monetary \$ _____, _____, _____

(8) Other Distributions

\$ _____, _____, _____

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, 400.00

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 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

X Robert Sullivan
Signature

(Type name) Robert Sullivan

☒ Candidate ☐ Chairperson (only for PC and PTY)

X 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
1 / 7 / 26 pg 1	Robert Sullivan 2587 FRS LOX FL 33470	QUALIFYING FEE	CAN		90.00
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By: V. Dukes

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) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
1 / 7 / 26 Pg 1	Robert Sullivan 2507 F Rd Lox FL 33470	S	RET	LOA			400 ⁰⁰
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