

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) David Tagliarini
 Name
 (2) 13322 1st. Street East
 Address (number and street)
Madeira Beach, FL 33708
 City, State, Zip Code

OFFICE USE ONLY

FEB17 '22 11:56 AM

CITY CLERK

Check here if address has changed (3) ID Number: EIN: 87-3968482

(4) Check appropriate box(es): City Commissioner District 1

Candidate Office Sought: City Commissioner District 1

Political Committee (PC)

Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded

Party Executive Committee (PTY) Check here if PTY has disbanded

Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 02/01/2022 / _____ To 02/11/2022 / _____ Report Type: G1-22

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ 81.74 , _____ , _____

Loans \$ 0.00 , _____ , _____

Total Monetary \$ 81.74 , _____ , _____

In-Kind \$ 1000 , _____ , _____

(7) Expenditures This Report

Monetary Expenditures \$ 2570.90 , _____ , _____

Transfers to Office Account \$ 0.00 , _____ , _____

Total Monetary \$ 2570.90 , _____ , _____

(8) Other Distributions

\$ 0.0 , _____ , _____

(9) TOTAL Monetary Contributions To Date

\$ 6825.46 , _____ , _____

(10) TOTAL Monetary Expenditures To Date

\$ 3933.30 , _____ , _____

(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:

David Tagliarini
 (Type name)

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


 Signature

David Tagliarini
 (Type name)

Candidate Chairperson (only for PC and PTY)


 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

David Tagliarini

EIN: 87-3968482

(1) Name _____ (2) I.D. Number _____
 02/01/2022 02/11/2022 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
02/07/2022 / / 1	Embler, Gene 13015 Boca Ciega Ave. Madeira Beach, FL 33708	I		RCT			48.06
02/08/2022 / / 2	Jim Theckston P.O. Box 264 Gloucester City, NJ 08030	I		RCT			33.68
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

- (10) Type the description of any in-kind contribution received.
Candidate's Only – If in-kind contribution is from a party executive committee and is allocable toward the contribution limits, type an "A" in this box. If contribution is not allocable, type an "N".
- (11) **Amendment Type** (required on amended reports) – To add a new (previously unreported) contribution for the reporting period being amended, enter "ADD" in amendment type on a line with ALL of the required data.
The sequence number for contributions with amendment type "ADD" will start at one plus the number of contributions in the original report. For example, amending an original M1 report that had 75 contributions means the sequence number of the first contribution having amendment type "ADD" will be 76; the second "ADD" contribution would be 77, etc. When amending an original M2 report that had 40 contributions, the sixth "ADD" contribution would have sequence number 46.
To correct a previously submitted contribution use the following drop/add procedure. Enter "DEL" in amendment type on a line with the sequence number of the contribution to be corrected. In combination with the report number being amended, this sequence number will identify the contribution to be dropped from your active records. On the next line enter "ADD" in amendment type and ALL of the required data with the necessary corrections thus replacing the dropped data. Assign the sequence number as described above.
- (12) Type amount of contribution received. **Political Committees ONLY**: Multiple uniform contributions from the same person, aggregating NMT \$250 per calendar year, collected by an organization that is the affiliated sponsor of a PC, may be reported by the PC in an aggregate amount listing the number of contributors together with the amount contributed by each and the total amount contributed during the reporting period. The identity of each person making such uniform contribution must be reported to the filing officer by July 1 of each calendar year, or, in a general election year, NLT the 60th day immediately preceding the primary election.

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name David Tagliarini

(2) I.D. Number EIN: 87-3968482

(3) Cover Period 02/01/2022 through 02/11/2022

(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					
02/07/2022 / / 1	PayPal 2211 North First Street San Jose, CA 95131	PayPal Fee	CAN		1.94
02/07/2022 / / 2	Postcard Mania 2145 Sunnydale Blvd. Clearwater, FL 33765	Campaign Postcards	CAN		2567.64
02/08/2022 / / 3	GoFundMe.com 855 Jefferson Ave. Redwood City, CA 94063	GoFundMe Fee	Can		1.32
/ /					
/ /					
/ /					
/ /					
/ /					

To correct a previously submitted expenditure use the following drop/add procedure. Enter "DEL" in amendment type on a line with the sequence number of the expenditure to be corrected. In combination with the report number being amended, this sequence number will identify the expenditure to be dropped from your active records. On the next line enter "ADD" in amendment type and ALL of the required data with the necessary corrections thus replacing the dropped data. Assign the sequence number as described above.

(11) Amount of expenditure.