CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Ron Culp
Name

(2) 298 Norwood Ave
Address (number and street)
Sat Bch Fl 32937
City, State, Zip Code

☐ **Check here if address has changed**

OFFICE USE ONLY

08-28-26 P02:00 IN

(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 8 / 14 / 26 To 8 / 21 / 26 Report Type: 2026 G1

☑ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ 700.00
Loans	$
Total Monetary	$
In-Kind	$

(7) Expenditures This Report

Monetary Expenditures	$ 0.0
Transfers to Office Account	$
Total Monetary	$

(8) Other Distributions

$

(9) TOTAL Monetary Contributions To Date

$ 1,250.00

(10) TOTAL Monetary Expenditures To Date

$ 7.00

(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) Ronald S Culp

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

x Ronald S Culp
Signature

(Type name) Ronald S Culp

☒ Candidate ☐ Chairperson (only for PC and PTY)

x Ronald S Culp
Signature

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Rob Culp (2) I.D. Number

(3) Cover Period 8/14/26 through 8/21/26 (4) Page 1 of 1

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
8/14/26 / 1	MARGUT, PAM 309 NORWOOD AVE SAT BCH FL 32937	I	HF NURSE	CHE			$500.00
8/21/26 / 2	GASKINS, JOHN 2410 W TOMAS AVE #F TAMPA, FL 33829	I	RETIRED	CHE			$200.00
8/ /							
/ /							
/ /							
/ /							
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CAMPAIGN TREASURER'S REPORT SUMMARY

(1) RONALD S CULP
Name

(2) 298 NORWOOD AVE
Address (number and street)
SAT BCH FL 32937
City, State, Zip Code

☐ **Check here if address has changed**

OFFICE USE ONLY
08-14-26 A01:16 IN

(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 7 / 31 / 26 To 8 / 13 / 26 Report Type: 202687

☑ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ 5.50.00
Loans	$
Total Monetary	$
In-Kind	$

(7) Expenditures This Report

Monetary Expenditures	$ 7.00
Transfers to Office Account	$
Total Monetary	$

(8) Other Distributions

$

(9) TOTAL Monetary Contributions To Date

$ 5.50.00

(10) TOTAL Monetary Expenditures To Date

$ 7.00

(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) RONALD S CULP
☐ Individual (only for IE or electioneering comm.) ☑ Treasurer ☐ Deputy Treasurer
X Ronald S Culp
Signature

(Type name) RONALD S CULP
☐ Candidate ☐ Chairperson (only for PC and PTY)
X Ronald S Culp
Signature

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Ronald S Culp (2) I.D. Number

(3) Cover Period 7 / 31 / 26 through 8 / 13 / 26 (4) Page 1 of 1

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
7,31,26 / 1	COTE, LIONEL 609 GRANT CT SAT Bch FL 32937	I		CHE			$100.00
8,4,26 / 2	McKEOWN, KEVIN 604 BARCELONA CT SAT Bch FL 32937	I		CHE			$100.00
8,8,26 / 3	ALBRITTON, GARY 290 NORWOOD AV SAT Bch FL 32937	I	CITY of ST PETE Employee	CHE			$300.00
8,10,26 / 4	LARRY MELKONIAN SUSAN NICHOLS 2555 RED MAPLE PL MELB, FL 32937	I		CHE			$50.00
/ /							
/ /							
/ /							

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name RONALD S CUP (2) I.D. Number

(3) Cover Period 7/31/26 through 8/13/26 (4) Page 1 of 1

(5) Date / (6) Sequence Number	(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
7/31/26 / 1	CITY of SAT Bch 565 CASSIA BLVD SAT Bch, FL 32937	QUALIFING FEE	CAN		$7.00
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES