

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) CityPAC
 Name
 (2) 111 S. Pineapple Ave
 Address (number and street)
Sarasota, FL 34236
 City, State, Zip Code

OFFICE USE ONLY

Received June 8, 2023

Check here if address has changed

(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 05 / 01 / 2023 To 05 / 31 / 2023 Report Type: 2023 M5

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, 100 , 000 . 00

Loans \$, , .

Total Monetary \$, 100 , 000 . 00

In-Kind \$, , .

(7) Expenditures This Report

Monetary Expenditures \$, , 41 . 50

Transfers to Office Account \$, , .

Total Monetary \$, , 41 . 50

(8) Other Distributions

\$, , .

(9) TOTAL Monetary Contributions To Date

\$, 147 , 466 . 97

(10) TOTAL Monetary Expenditures To Date

\$, 35 , 926 . 20

(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) Shirl Gauthier

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

X Shirl Gauthier
 Signature

(Type name) Donna Perry Moffitt

Candidate Chairperson (only for PC and PTY)

X Donna Perry Moffitt
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name _____ (2) I.D. Number _____

(3) Cover Period ____ / ____ / ____ through ____ / ____ / ____ (4) Page ____ of ____

(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				
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _____

(2) I.D. Number _____

(3) Cover Period ____/____/____ through ____/____/____

(4) Page _____ of _____

(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
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