

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) CityPAC

Name

(2) 301 Quay Commons, #1403

Address (number and street)

Sarasota, FL 34236

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: _____

OFFICE USE ONLY

Received July 5, 2024

(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 06 /22 2024 To 06 /28 2024 Report Type: 2024P2

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 0. 00

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 0 00

In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 0 00

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 0 00

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 148 726 73

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 65 739. 06

(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 CityPAC (2) I.D. Number _____

(3) Cover Period 06 / 22 / 2024 through 06 / 28 / 2024 (4) Page 1 of 1

[illegible]

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name CityPAC

(2) I.D. Number _____

(3) Cover Period 06 22 2024 through 06 28 2024

(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					
// /	None				
// /					
// /					
// /					
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