

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) CityPAC

Name _____
 (2) 301 Quay Commons, #1403
 Address (number and street) _____
Sarasota, FL 34236
 City, State, Zip Code _____

OFFICE USE ONLY

Received July 12, 2024

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: _____
- 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 06 /29 2024 To 07 /05 2024 Report Type: 2024P2A

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 \$ _____ , _____ , 162.09

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

Total Monetary \$ _____ , _____ , 162.09

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 148,726.73

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 65,901.15

(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 29 2024 / _____ / _____ through 07 05 2025 / _____ / _____ (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
/ /	None						
/ /							
/ /							
/ /							
/ /							
/ /							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name CityPAC

(2) I.D. Number _____

(3) Cover Period 06 / 29 / 2024 through 07 / 05 / 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					
07 / 02 / 2024	VistaPrint	Printing	mon		\$131.16
01					
07 / 03 / 2024	DonorBox	Fee	mon		\$ 0.52
02					
07 / 05 / 2024	Linda Sloan Sarasota, FL 34236	Supplies reimbursement	mon		\$ 30.41
03					
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