

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: _____

(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

OFFICE USE ONLY

Received August 9, 2024

(5) Report Identifiers

Cover Period: From 07 /27 2024 To 08 /02 2024 Report Type: 2024P6

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 \$ _____ , _____ , 700.00

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

Total Monetary \$ _____ , _____ , 700.00

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 148,726.73 . _____

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 77,507.62 . _____

(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 EXPENDITURES

(1) Name CityPAC

(2) I.D. Number _____

(3) Cover Period 07/27/2024 through 08/02/2024

(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 | | | | | |
| 08/02/2024 | Senior Friendship Center Sarasota, FL | Venue rental balance | mon | | \$400.00 |
| 01 | | | | | |
| 08/02/2024 | Senior Friendship Center Sarasota, FL | Venue rental deposit | mon | | \$300.00 |
| 02 | | | | | |
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 07 / 27 / 2024 through 08 / 02 / 2024 (4) Page 1 of 1

| (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 | | | | |
| / / | None | | | | | | |
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