	CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	CityPAC	OFFICE USE ONLY							
	Name								
(2)	301 Quay Commons #1403	Received October 11, 2024							
	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)  Flectioneering Communications Org. (ECO)	Check here if PC or ECO has dishanded							
	<ul> <li>☐ Electioneering Communications Org. (ECO)</li> <li>☐ Party Executive Committee (PTY)</li> <li>☐ Check here if PTY has disbanded</li> </ul>								
	Independent Expenditure (IE) (also covers an individual making electioneering communications)	Check here if no other IE or EC reports will be filed							
C-1/		Identifiers							
_	er Period: From 4 / 28 / 2024 To								
	Original Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Cas	h & Checks \$ , , ,0.00	Monetary							
Loa	ns \$,,	Transfers to Office Account \$ , , .							
Tota	al Monetary \$ , , 0.00								
		Total Monetary \$ , , 41,456.52							
In-K	ind \$,,								
		(8) Other Distributions \$ ,							
(9)	TOTAL Monetary Contributions To Date \$ , , 173,961.47	(10) TOTAL Monetary Expenditures To Date \$ , \$166,342.99							
	,,	,, ,							
(11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)									
1	I certify that I have examined this report and it is true, correct, and complete:								
(7	<sub>Type name)</sub> Shirl Gauthier	(Type name) Donna Perry Moffitt							
	Individual (only for IE  Treasurer Deputy Treasurer electioneering comm.)	☐ Candidate ☑ Chairperson (only for PC and PTY)							
X	Shirl Gauthier	x Donna Perry Moffitt							
S	ignature	Signature							

## **CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS**

(1) Name CityP	AC			(2) I.D. Number			
(3) Cover Period	09 28 2024	throu	through / / /		_ (4) Page	of	
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	Co	(8)	(9) Contribution	(10) In-kind	(11)	(12)
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
1 1	None this period						
1 1							
1 1							
1 1							
1 1							
1 1				y			
1 1							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name CityPAC			(2) I.D. Number	(2) I.D. Number			
(3) Cover Period	09/ 28	2924	through	10 / 04 20/24	(4) Page <sup>1</sup>	of <sup>1</sup>	

(5)	(7)	(9)	(10)	(11)	
Date (6) Sequence	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	
10/04/2024	BattleAxe 1405 Florida Ave Washington, DC 20009		mon		\$41,465.00
02	DonorBox		mon		\$ 0.52
/ /					
/ /					
/ /					
/ /					
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/ /					