

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 September 13, 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 08 /31 2024 To 09 /06 2024 Report Type: 2024G2

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 \$ _____ , _____ , 16.51

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

Total Monetary \$ _____ , _____ , 16.51

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 148,856.73 . _____

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 86,368.81 . _____

(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 08 31 2024 / / through 09 06 2024 / / (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
/ /	None this period						
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
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/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name CityPAC

(2) I.D. Number _____

(3) Cover Period 08 / 31 2024 through 09 / 06 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					
09 / 05 / 2024	Zoom		mon		\$15.99
01					
09 / 06 / 2024	DonorBox		mon		\$0.52
02					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					