

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)

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 /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

OFFICE USE ONLY

Received July 5, 2024

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

(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 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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