

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) SHAUNE GOFF FREELAND
Name

(2) 1950 JAMAICA WAY
Address (number and street)
PUNTA GORDA, FL 33960
City, State, Zip Code

Check here if address has changed

OFFICE USE ONLY

07-23-19 P04:15

(3) ID Number: N/A

(4) Check appropriate box(es):

- Candidate Office Sought: CITY COUNCIL DISTRICT #3
- 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 / 19 To 07 / 05 / 19 Report Type: P2

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , _____ . _____

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 145 . 68

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

Total Monetary \$ _____ , _____ , 145 . 68

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 22 , 450 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 235 . 68

(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) JOSEPH R. SCHORTZ

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X Joseph R. Schortz
Signature

(Type name) _____

Candidate Chairperson (only for PC and PTY)

X _____
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name SHAUNE GOFF FREELAND (2) I.D. Number N/A

(3) Cover Period 06 / 22 / 19 through 07 / 05 / 19 (4) Page 2 of 2

(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					
06 / 28 / 19	CITY OF PUNTA GORDA 326 WEST MARION AVE. PUNTA GORDA, FL 33950	CANDIDATE FILING FEE	CAN	ADD	145.68
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