

# CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Gregory Julian

Name

(2) 535 Medici Ct

Address (number and street)

Punta Gorda, FL 33950

City, State, Zip Code

Check here if address has changed

**OFFICE USE ONLY**

07-03-24P 12:52 RCVD

*jal*

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate Office Sought: City Council Punta Gorda District 2

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 06 / 15 / 24 To 06 / ~~30~~<sup>28</sup> / 24 Report Type: P2

Original

Amendment

Special Election Report

**(6) Contributions This Report**

Cash & Checks \$ \_\_\_\_\_ , \_\_\_\_\_ , 120.00

Loans \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , 120.00

In-Kind \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

**(7) Expenditures This Report**

Monetary Expenditures \$ \_\_\_\_\_ , \_\_\_\_\_ , 4.30

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

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , 4.30

**(8) Other Distributions**

\$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

**(9) TOTAL Monetary Contributions To Date**

\$ \_\_\_\_\_ , 5,570.00

**(10) TOTAL Monetary Expenditures To Date**

\$ \_\_\_\_\_ , \_\_\_\_\_ , 409.40

**(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) William E Page

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

**X** *William E Page*  
Signature

(Type name) Gregory Julian

Candidate  Chairperson (only for PC and PTY)

**X** *Gregory Julian*  
Signature



## CAMPAIGN TREASURE'S REPORT – ITEMIZED EXPENDITURES

(1) Name Gregory Julian

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 06 / 15 / 24 through 06 / 28 / 24

(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					
06/28/24 / / P2E01	Anedot 1340 Poydras Suite 1770 New Orleans, LA 70112	Credit Card Process Fee	CAN		4.30
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