CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Jeannine Polk	OFFICE USE ONLY							
	Name	OFFICE OF THE CITY CLERK							
(2)	228 Berry Street								
	Address (number and street) Punta Gorda, FL 33950	C7-24-24A11:02 RCVD							
	City, State, Zip Code	i ,							
	☐ Check here if address has changed	(3) ID Number:							
(4)	Check appropriate box(es):								
	☑ Candidate Office Sought: City Council Punta Gorda District 1								
	☐ 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							
	marriada making diselencenng communications)								
(5) Report Identifiers									
Cov	er Period: From <u>07</u> / <u>13</u> / <u>24</u> To	07 / 19 / 24 Report Type: P4							
V O	riginal Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
	0.00	Monetary							
Casi	n & Checks \$ , , 0 . 00	Expenditures \$ , , 00							
Loar	ns <sup>′</sup> \$ , , .	Transfers to							
		Office Account \$ , , .							
Tota	I Monetary \$ , , , _0 . 00								
	•	Total Monetary \$ ,00							
In-K	ind \$, ,, ,								
		(8) Other Distributions							
		<b>*</b> , ,							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
	\$ , 9 , 00	\$ ,2, <u>883</u> . <u>30</u>							
(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:									
******	ype name) William E Page	(Type name) Jeannine Polk							
or	Individual (only for IE ☑ Treasurer ☐ Deputy Treasurer electioneering comm.)	☑ Cardidate ☐ Chairperson (Inly for PC and PTY)							
	1 50-50	( Vederanie I Massel							
<u>X</u>	A	× KLINVINU O THEK							
Si	gnature	Signature							

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

3) Cover Period07_/_13_/_24 through _07_/_19_/_24_    (4) Page1 o								
(5) Date (6) Sequence Number	(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)	(11) Amou			
/ / N	O REPORT							
/ /								
//								
//								
//								
//								
//								
					<del></del>			

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

(i) Name Jea	-						
(3) Cover Period	<b>d 07</b> _ / 13 / 24	through	gh 07/	19 / 24_	_ (4) Page	1	of 1
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence	(Last, Suffix, First, Middle) Street Address &	Contributor		Contribution	In-kind		
Number	City, State, Zip Code NO REPORT	Туре	Occupation	Туре	Description	Amendment	Amount
	NO REPORT						
***************************************							
					-		
				-			
1 1							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES