

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Jeannine Polk

Name

(2) 228 Berry Street

Address (number and street)

Punta Gorda, FL 33950

City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

OFFICE USE ONLY
OFFICE OF THE CITY CLERK

07-24-24A 11:02 RCVD

(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

(5) Report Identifiers

Cover Period: From 07 / 13 / 24 To 07 / 19 / 24 Report Type: P4

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 \$ _____ , _____ , _____ . 00

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

Total Monetary \$ _____ , _____ , _____ . 00

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 9 , 721 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 2 , 883 . 30

(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:

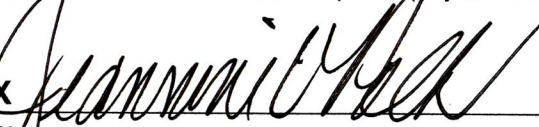
(Type name) William E Page

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

x 
Signature

(Type name) Jeannine Polk

Candidate Chairperson (only for PC and PTY)

x 
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name **J e a n n i n e P o l k** _____ (2) I.D. Number _____

(3) Cover Period **0 7 _ / 1 3 _ / 2 4 _** through **0 7 _ / 1 9 _ / 2 4 _** (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
	NO REPORT						