

# CAMPAIGN TREASURER'S REPORT SUMMARY

(1) SHARON MAHONEY

Name

(2) 174 Ocala Drive

Address (number and street)

LAVERNICK, FL. 33070

City, State, Zip Code

☐ Check here if address has changed

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

(4) Check appropriate box(es):

☒ Candidate Office Sought: Village Council SEAT 5

☐ 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 8/03/24 To 08/15/24 Report Type: 24P2

☐ Original

☐ Amendment

☐ Special Election Report

## (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_

Loans \$ \_\_\_\_\_ 600.00

Total Monetary \$ \_\_\_\_\_

In-Kind \$ \_\_\_\_\_

## (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_ 480.00

Transfers to Office Account \$ \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_

## (8) Other Distributions

\$ \_\_\_\_\_

## (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ 600.00

## (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ 480.00

## (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) SHARON MAHONEY

☐ Individual (only for IE or electioneering comm.)

☐ Treasurer

☐ Deputy Treasurer

X Sharon Mahoney  
Signature

(Type name) SHARON MAHONEY

☐ Candidate

☐ Chairperson (only for PC and PTY)

X Sharon Mahoney  
Signature



## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

**(1) Name**

SHARON MATTHEY

**(2) I.D. Number**

### (3) Cover Period

8 13 124

through

81524

(4) Page

2 of 1

[illegible]



# CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name SHARON MATNEY (2) I.D. Number \_\_\_\_\_  
 (3) Cover Period 8.3.24 through 8.15.24 (4) Page 1 of 1

| (5)<br>Date               | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Purpose<br>(add office sought if<br>contribution to a<br>candidate) | (9)<br>Expenditure<br>Type | (10)<br>Amendment | (11)<br>Amount |
|---------------------------|--|--|----------------------------|-------------------|----------------|
| (6)<br>Sequence<br>Number |  |  |                            |                   |                |
| 8224                      | Village of<br>Islamorada   | Entry  | CAN                        |                   | 480.00         |
| //                        |  |  |                            |                   |                |
| //                        |  |  |                            |                   |                |
| //                        |  |  |                            |                   |                |
| //                        |  |  |                            |                   |                |