

# CAMPAIGN TREASURER'S REPORT SUMMARY

(1) SHARON MATHONEY

Name

(2) 174 OCALA DRIVE

Address (number and street)

LAVERNICK, FL. 33070

City, State, Zip Code

Check here if address has changed

(4) Check appropriate box(es):

Candidate Office Sought:

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Village Council SEAT 5

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

(3) ID Number:



Sharon Mahoney Ellenwood <sharellen@netzero.net>  
To: Marne McGrath  
Fri 8/16/2024 10:40 AM

## (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 MATHONEY

Individual (only for IE or electioneering comm.)

Treasurer

Deputy Treasurer

Signature

DS-DE 12 (Rev. 11/13)

(Type name)

Sharon Mahoney

Candidate

Chairperson (only for PC and PTY)

Signature

SEE REVERSE FOR INSTRUCTIONS

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

(1) Name

SHARON MATTHEY

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

### (3) Cover Period

8/3/24 through 8/15/24

(4) Page

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Sharon Martone (2) I.D. Number \_\_\_\_\_

(3) Cover Period 8/3/24 through 8/15/24 (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					
8/2/24	Village of Islamorada	Entry. CAN			480.00
1/1					
1/1					
1/1					
1/1					