

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) SHARON MAHONEY
Name

(2) 174 Ocala Drive
Address (number and street)

1 AVERNIE, FL 33070
City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate Office Sought: Village of Islamorada 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 10/22/22 To 11/3/22 Report Type G3

☐ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ 1,950.00

Loans \$ _____

Total Monetary \$ _____

In-Kind \$ _____

(7) Expenditures This Report

Monetary Expenditures \$ 999.75

Transfers to Office Account \$ _____

Total Monetary \$ 999.75

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ 8,725.00

(10) TOTAL Monetary Expenditures To Date

\$ 6,102.04

(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 EXPENDITURES

(1) Name Sharon Mahoney

(2) I.D. Number _____

(3) Cover Period 10/22/22 through 11/03/22

(4) Page _____ of _____

(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					
11/2/22	Printing Plus Key Largo	Signs	CM		999.75
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name SHARON MATHONEY (2) I.D. Number _____
 (3) Cover Period 10/22/22 through 11/3/22 (4) Page _____ of _____

(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
(6) Sequence Number		Type	Occupation	Type	Description		
10/24/22	CARL WRIGHT Plantation 1cy	1	Pumber	CASH			\$50.00
10/24/22	R.H. FOLSY	1	Retired Vet.	Check			\$250.00
10/28/22	WAHOO'S RESTAURANT	1	RESTAURANT owner	check			\$200.00
10/30/22	mooring village	1	owner mooring	check			\$500.00
10/30/22	NATIVE CONSTRUCTION	1	Builder	check			\$400.00
11/02/22	Robbie MARTIN	1	RESTAURANT	check			500.00
1/1/							