

# CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Sharon Mahoney  
 Name  
 (2) 174 Ocala Drive  
 Address (number and street)  
1 Avernick Pl 33070  
 City, State, Zip Code

OFFICE USE ONLY

2022-11-04 A09:00

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 C3

Original

Amendment

Special Election Report

### (6) Contributions This Report

Cash & Checks \$ 1950.00

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

\$ 8725.00

### (10) TOTAL Monetary Expenditures To Date

\$ 6102.04

## (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)  Treasurer  Deputy Treasurer  
 or electioneering comm.)

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
11/27/22	PRINTING plus key tags	SIGNS	CR		999.75
11					
11					
11					
11					
11					
11					
11					
11					
11					

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

(1) Name SHARON MATHENY (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	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Contributor Occupation					
<u>10/24/22</u>	<u>CARL Wright PLATATION Tcy</u>	<u>1</u>	<u>Plumber</u>	<u>CASH</u>		<u>\$50.00</u>
<u>10/24/22</u>	<u>R.H. Foley</u>	<u>1</u>	<u>Retired Vet.</u>	<u>Check</u>		<u>\$250.00</u>
<u>10/28/22</u>	<u>Wahoo's Restaurant</u>	<u>1</u>	<u>RESTAURANT Owner</u>	<u>Check</u>		<u>\$250.00</u>
<u>10/30/22</u>	<u>mooring village</u>	<u>1</u>	<u>Owner mooring</u>	<u>Check</u>		<u>\$500.00</u>
<u>10/30/22</u>	<u>NATiRE CONSTRUCTION</u>	<u>1</u>	<u>Builder</u>	<u>Check</u>		<u>\$400.00</u>
<u>11/02/22</u>	<u>Robbie Marron</u>	<u>1</u>	<u>Restaurant</u>	<u>Check</u>		<u>500.00</u>