CAMPAIGN TREASURER'S REPORT SUMMARY

(1) **SHARON MAHONEY**
Name

(2) **174 OCALA DRIVE**
Address (number and street)
Tavernier 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)   ☐ Check here if PC or ECO has disbanded
☐ Party Executive Committee (PTY)   ☐ Check here if PTY has disbanded
☐ Independent Expenditure (IE) (also covers an ☐ Check here if no other IE or EC reports will be filed
individual making electioneering communications)

(5) Report Identifiers

Cover Period: From **11/4/22** To **2/1/23**   Report Type: **TG**

☐ Original   ☐ Amendment   ☐ Special Election Report

(6) Contributions This Report		(7) Expenditures This Report *repay*	
Cash & Checks	$ __,__,__.__	Monetary Expenditures $ **2655.27**	
Loans	$ __,(	Transfers to Office Account $ __,__,__.__	
Total Monetary	$ __,__,__.__	Total Monetary $ __,__,__.__	
In-Kind	$ __,__,__.__	(8) Other Distributions $ __,__,__.__	

(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date
$ __,**8725.00**	$ __,**87,57.31**

(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

DS-DE 12 (Rev. 11/13)   SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name SHARON MAHONEY   **(2) I.D. Number** _____

(3) Cover Period 11/4/22 **through** 2/1/23   **(4) Page** _____ **of** _____

(5) Date / (6) Sequence Number	(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
0/1/1	SHARON mahoney Repay Money Loaned				2655.27
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DS-DE 14 (Rev. 11/13)   **SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES**