CAMPAIGN TREASURER'S REPORT SUMMARY						
(1) Citizens For A Better Marc	OFFICE USE ONLY					
Name	Received					
(2) PD Box 23 / Address (number and street)	APR <b>0 4</b> 2024					
Marco 15, FL 34/44	Office of the City Clerk City of Marco Island, Florida					
City, State, Zip Code						
Check here if address has changed	(3) ID Number: 2024 @ /					
(4) Check appropriate box(es):  ☐ Candidate Office Sought:						
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 still be						
individual making electioneering communications)						
(5) Report Identifiers						
Cover Period: From _/ / _/ _/ _/ _/ _/ _/ _/ _/ _/ _/ _/ _	3 / 31 / 2024 Report Type: 2024 @1					
☐ Original ☐ Amendment ☐ Special Election Report						
(6) Contributions This Report	(7) Expenditures This Report					
Cash & Checks \$,,	Monetary Expenditures \$, 2,539.84					
Loans \$,,	Transfers to Office Account \$					
Total Monetary \$ , , _—.						
  -	Total Monetary \$,					
In-Kind \$ , , _ <del></del>						
	(8) Other Distributions					
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
\$, <u>55</u> , <u>533.</u> 12	\$, <u>48</u> , <u>743</u> . <u>00</u>					
(44) Co						
(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) LINDA GOSLEE (Type name) CHRISTINE DOWLLO						
☐ Individual (only for IE ☑ Treasurer ☐ Deputy Treasurer or electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)					
* Inh	x Christene Dowell					
Signature	Signature					

(1) Name Citizens for a Better Which (2) I.D. Number 2024 Q						
(3) Cover Period 1 1 1 24 through 3 1 3 1 24 (4) Page 1 of 1						
(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Purpose	(9)	(10)	(11)	
(6) Sequence Number	Street Address & City, State, Zip Code	(add office sought if contribution to a candidate)	Expenditure Type	Amendment	t Amount	
2/20/24	City of Marco Island 50 Bald Eagle Deive Marco 1s, FL 34145	Office	mon		95.84	
3/20/24	(69sta) Breeze 1857 San Marco Rd Suite C-216 Marco 1s., FL 34143	adz	mon		2444,00	
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