

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Keep Marco Island Free

Name _____

(2) PO Box 803

Address (number and street) _____

Marco Island, FL 34146

City, State, Zip Code _____

Check here if address has changed

OFFICE USE ONLY
Received

OCT 18 2022

Office of the City Clerk
City of Marco Island, Florida

(3) ID Number: 2022-G4

Filed LATE
Fine has been assessed
Michelle city clerk

(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)

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 09 / 24 / 22 To 10 / 07 / 22 Report Type: G4

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 0 . 00

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 744 . 76

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 115 , 725 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 95 , 737 . 87

(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) Claire Larson

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X

Signature

(Type name) Alys Macias

Candidate Chairperson (only for PC and PTY)

X

Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

Name **Keep Marco Island Free**

Cover Period 9/24/2022 through 10/7/2022

G4 Report

Page 1 of 1

Sequence Number	Date	Full Name First, Middle) (Last, Suffix, Street Address & City, State, Zip Code	Contributor		Contribution Type	In-Kind Description	Amendment	Amount
			Type	Occupation				
0		N/A for period	I		CHE			\$0.00

\$0.00

