

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) MARK P. KUHARSKI
Name
(2) 46 TROPICANA DRIVE
Address (number and street)
PUNTA GORDA, FL 33950
City, State, Zip Code

OFFICE USE ONLY
07-07-23 P 02:54 IN
07-07-23 P 02:54 MI
OFFICE OF THE CITY CLERK

☐ Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- ☒ Candidate Office Sought: PUNTA GORDA CITY COUNCIL DISTRICT 3
☐ 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 06 / 22 / 2023 To 07 / 01 / 2023 Report Type: P-2

☒ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, 200.00
 Loans \$ _____, _____, _____
 Total Monetary \$ _____, 200.00
 In-Kind \$ _____, _____, _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 77.75
 Transfers to Office Account \$ _____, _____, _____
 Total Monetary \$ _____, _____, 77.75

(8) Other Distributions

\$ _____, _____, 0

(9) TOTAL Monetary Contributions To Date

\$ _____, 7,160.50

(10) TOTAL Monetary Expenditures To Date

\$ _____, 936.11

(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) CARLETON PARSONS, JR.

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

X Carlit Parsons
Signature

(Type name) MARK P. KUHARSKI

☒ Candidate ☐ Chairperson (only for PC and PTY)

X Mark P. Kuharski
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name MARK P. KUCHARSKI (2) I.D. Number _____

(3) Cover Period 06 / 22 / 2023 through 07 / 01 / 2023 (4) Page 1 of 1

(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		
06 / 22 / 23	JAKE DYE	I	RET.	CHE			100.00
37	1746 CASEY KEY DR. PG 33950						
06 / 22 / 23	PAT DYE	I	RET.	CHE			100.00
38	1746 CASEY KEY DR. PG 33950						
/ /							
/ /							
/ /							
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name MARK KUCHARSKI

(2) I.D. Number _____

(3) Cover Period 06/22/23 through 07/01/23

(4) Page 1 of 1

(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
06/23/23	STRIPE	ON-LINE CONTRIBUTION EXPENSE	ME		29.30
12					
06/26/23	OFFICE DEPOT	SUPPLIES	ME		48.45
13					
/ /					
/ /					
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