

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Lynne R. Matthews

Name

(2) 1256 Pine Siskin Drive

Address (number and street)

Punta Gorda, FL 33950

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: _____

(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

OFFICE USE ONLY

OFFICE OF THE CITY CLERK

11-01-24A 10:24 RCVD

(5) Report Identifiers

Cover Period: From 10 / 19 / 2024 To 10 / 31 / 2024 Report Type: G6

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

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

Loans \$ _____ , _____ , 00 . 00

Total Monetary \$ _____ , _____ , 00 . 00

In-Kind \$ _____ , _____ , 00 . 00

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 00 . 00

Transfers to Office Account \$ _____ , _____ , 00 . 00

Total Monetary \$ _____ , _____ , 00 . 00

(8) Other Distributions

\$ _____ , _____ , 00 . 00

(9) TOTAL Monetary Contributions To Date

\$ _____ , 30 , 170 . 17

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 18 , 827 . 41

(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) Donald R. Leitch

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

X 

Signature

(Type name) Lynne R. Matthews

☒ Candidate ☐ Chairperson (only for PC and PTY)

X 

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Lynne R. Matthews

(2) I.D. Number _____

(3) Cover Period ¹⁰ / ¹⁹ / ²⁰²⁴ through ¹⁰ / ³¹ / ²⁰²⁴

(4) Page ¹ of ¹

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Lynne R. Matthews

(2) I.D. Number _____

(3) Cover Period 10 / 19 / 2024 through 10 / 31 / 2024

(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
(6) Sequence Number					
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