CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	MELISSA LOCKHART	OFFICE USE ONLY							
(-)	Name	OFFICE OF THE CITY CLERK							
(2)	422 ROYAL POINCIANA								
	Address (number and street) PUNTA GORDA FL 33955	06-09-25AFC9279PAIN							
	City, State, Zip Code								
	Check here if address has changed	(3) ID Number:							
(4)	Check appropriate box(es):								
` '	☑ Candidate Office Sought: CITY OF PU	A GORDA DISTRICT 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 individual making electioneering communications)	Check here if no other IE or EC reports will be filed							
	muniqual making electioneering communications)								
	(5) Report Identifiers								
Cov	er Period: From 04 / 01 / 2025 To	05 / 31 / 2025 Report Type: 2025 Q2							
	original	cial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Cas	h & Checks \$, , 100000	Monetary Expenditures \$, 698. 52							
Loa	s <u>0</u> ,,,	Transfers to Office Account \$ 0 , , .							
Tota	al Monetary \$, , 100000	Total Monetary \$, , 698. 52							
In-K	ind \$ <u>0</u> , ,								
		(8) Other Distributions \$ 0 , ,							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
. ,	\$	\$, , <u>733. 52</u>							
(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) RAYMOND E LOCKHAD Individual (only for IE Treasurer Deputy Treasurer relectioneering comm.)	(Type name) Me SSA Lockhort Chairperson (only for PC and PTY)							
)	Jan E. Lille	x MA							
S	ignature	Signature							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

) Name MELIS	SA LOCKHART		(2) I.D. Number			
Cover Perio	d <u>04 / / 01</u> thro	ough <u>05 / /31</u>	(4) Page1) Page _ 1 of _ 1		
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, M Street Address & City, State, Zip Co	& contributi	ose sought if on to a	(10) (11)		
/ / ₂₂	BIG SHOT MARKETING AND DE 3020 MAGNOLIA WAY, PUNTA 33955			698-52		
/ /						
/ /	•					
/ /						
/ /						
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/ /						
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1)	Name MELISSA LOCKHART						(2) I.D. Number				
(3)	Cover F	Period	04	_ / /	/01	throu	gh <u>05</u> /	/31	_ (4) Page	1 (of 1
	(5) Date (6)		(Last,	(7) Full Name Suffix, First, I	Middle)		(8)	(9)	(10)	(11)	(12)
	Sequence Number		St	reet Address , State, Zip C	&	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
05	1	₿0	422 RO	A LOCKHART YAL POINCI <i>A</i> GORDA FL	ANA						
Q2						s	Home Health	CASH			1,000.00
	1	/									
	1	,									
	1	1									
,	1	<u></u>									
	1	<i></i>									
	1	1									

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES