

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) **MELISSA LOCKHART**

Name

(2) **422 ROYAL POINCIANA**

Address (number and street)

PUNTA GORDA FL 33955

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: _____

OFFICE USE ONLY

RECEIVED JUL 14 2025

OFFICE OF THE CITY CLERK

(4) Check appropriate box(es):

☒ Candidate Office Sought: **CITY OF PUNTA GORDA DISTRICT 5**

☐ 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 / 29 / 2025 To 07 / 12 / 2025 Report Type: P3 2025

☐ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 500 . 00

Loans \$ 0 , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 500 . 00

In-Kind \$ 0 , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 191 . 23

Transfers to Office Account \$ 0 , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 191 . 23

(8) Other Distributions

\$ 0 , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 3600 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 3077 . 12

(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 LOCKHART**

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

X

Signature

(Type name) **MELISSA LOCKHART**

☒ Candidate ☐ Chairperson (only for PC and PTY)

X

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name MELISSA LOCKHART

(2) I.D. Number _____

(3) Cover Period 06 / 29 / 2025 through 07 / 12 / 2025

(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
07 / 07 / 2025 P3C01	JOHN AND NANCY PRAFKE 3812 ST GIRON DR PUNTA GORDA FL 33950	I	RETIRED	CHE			500.00
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name MELISSA LOCKHART

(2) I.D. Number _____

(3) Cover Period 06 / 29 / 2025 through 07 / 12 / 2025

(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					
07 / 01 / 2025 P3E01	CITY OF PUNTA GORDA 326 W MARION AVE PUNTA GORDA FL 33950	ELECTION ASSESSMENT	CHE		191.23
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