

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Matt Carlucci  
 Name

(2) 1532 Alexandria Pl. S.  
 Address (number and street)

Jacksonville, FL 32207  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1295730]

Submitted on:  
 4/18/2023 15:52:27 (eastern)

Check here if address has changed (3) ID Number: 1039

(4) Check appropriate box(es):

Candidate Office Sought: City Council At Large Group 4

Political Committee (PC)  Check here if PC or ECO has disbanded

Electioneering Communications Org. (ECO)  Check here if PTY has disbanded

Party Executive Committee (PTY)  Check here if no other IE or EC reports will be filed

Independent Expenditure (IE) (also covers an individual making electioneering communications)

### (5) Report Identifiers

Cover Period: From 1 / 1 / 2023 To 1 / 13 / 2023 Report Type: F1

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$        ,        , 0 . 00

Loans \$        ,        , 0 . 00

Total Monetary \$        ,        , 0 . 00

In-Kind \$        ,        , 0 . 00

**(7) Expenditures This Report**

Monetary Expenditures \$        , 2 , 500 . 00

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        , 2 , 500 . 00

**(8) Other Distributions**  
 \$        ,        , 0 . 00

**(9) TOTAL Monetary Contributions To Date**  
 \$        , 300 , 605 . 78

**(10) TOTAL Monetary Expenditures To Date**  
 \$        , 299 , 860 . 56

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

X \_\_\_\_\_  
 Signature

(Type name) \_\_\_\_\_  
 Candidate  Chairperson (only for PC and PTY)

X \_\_\_\_\_  
 Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name     Matt Carlucci     (2) I.D. Number     1039      
 (3) Cover Period     1/1/2023     through     1/13/2023     (4) Page     1     of     0    

(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
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Matt Carlucci

(2) I.D. Number 1039

(3) Cover Period 1/1/2023 through 1/13/2023

(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					
1/12/2023 / /	Reliant Florida Consulting, 50 North Laura Street Suite 2500 Jacksonville, FL 32202	january consulting fees	MO	Add	\$2,500.00
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