

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Shara Brodsky

Name

(2) 33 Wynnfield Dr

Address (number and street)

Palm Coast, Fl 32164

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: 669

OFFICE USE ONLY

ONLINE SUBMISSION

[1318285]

Submitted on:

7/21/2024 08:05:27 (eastern)

(4) Check appropriate box(es):

☒ Candidate Office Sought: Palm Coast City Council Member District 1

☐ 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 7 / 13 / 2024 To 7 / 19 / 2024 Report Type: P4

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 110 . 00

Loans \$, , 0 . 00

Total Monetary \$, , 110 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 3 . 79

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 3 . 79

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 2 , 615 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 1 , 801 . 58

(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 Shara Brodsky (2) I.D. Number 669

7/13/2024

7/19/2024

(3) Cover Period ____ / ____ / ____ through ____ / ____ / ____ (4) Page 1 of 1

[illegible]

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Shara Brodsky

(2) I.D. Number 669

(3) Cover Period 7/13/2024 through 7/19/2024

(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
7/15/2024 / /	Stripe credit card fees , Online Online , Fl 32137	website credit card fee	MO		\$0.59
1					
7/16/2024 / /	Stripe credit card fees , Online Online , Fl 32137	website credit card fee	MO		\$3.20
2					
/ /					
/ /					
/ /					
/ /					
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