CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Mona C. Clark	OFFICE USE ONLY						
Name	ONLINE SUBMISSION [1263932]						
(2) 809 Elizabeth St	Submitted on:						
Address (number and street) Key West, Fl 33040	6/10/2022 15:49:52 (eastern)						
City, State, Zip Code							
Check here if address has changed	(3) ID Number: 585						
(4) Check appropriate box(es):							
 Candidate Office Sought: Key West Utility Board Member Seat A Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications) 							
(5) Report Identifiers							
Cover Period: From <u>5</u> / <u>1</u> / <u>202</u> 2 To	5 / <u>31</u> / <u>2022</u> Report Type: <u>M5</u>						
☑ Original	ecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
Cash & Checks \$, , , 000	Monetary Expenditures \$,, <u>32</u> .30						
Loans \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$,,,0						
Total Monetary \$	Total Monetary \$, <u>32</u> . <u>30</u>						
	(8) Other Distributions						
	\$,,000						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$, <u></u> , <u></u> . 00	\$,, <u>32</u> . <u>30</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)	(Type name)						
☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)						
X	x						
Signature	Signature						

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	(1) Name Mona C. Clark				(2) I.D. Number				
	5/1/2022			5/31/2022					
(3) Cover Po	eriod / /	thro	ough	11_	(4) Pag	e	of		
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)		
Sequence	Street Address &	C	ontributor	Contribution	In-kind				
Number	City, State, Zip Code	Туре		Туре	Description	Amendment	Amount		
1 1									
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Mona	CAMPAIGN TREASURER'S C. Clark		2) EXPENDIT 2) I.D. Number	585	
(3) Cover Period	5/1/2022 I/through_	5/31/2022 //	4) Page <u>1</u>	of_	1
(5) Date (6) Sequence Number	(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
5/6/2022 1	Supervisor of Elections, 539 Whitehead St. #101 Key West , FL 33040	petition certification (campaign check)	DV		\$32.30
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//					
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11					
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