

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Jim Boldt  
Name

(2) 618 Laguna Drive  
Address (number and street)

Venice, FL 34285  
City, State, Zip Code

OFFICE USE ONLY

CITY OF VENICE  
AUG7'24 10:19

Check here if address has changed

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

- Candidate Office Sought: Venice City Council Seat 4
- 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 07 / 27 / 2024 To 08 / 02 / 2024 Report Type: 2024 P6

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_, \_\_\_\_\_, 0.05

Loans \$ \_\_\_\_\_, \_\_\_\_\_, 0.00

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, 0.05

In-Kind \$ \_\_\_\_\_, \_\_\_\_\_, 0.00

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_, \_\_\_\_\_, 0.0

Transfers to Office Account \$ \_\_\_\_\_, \_\_\_\_\_, 0.0

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, 0.0

### (8) Other Distributions

\$ \_\_\_\_\_, \_\_\_\_\_, 0.0

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_, 6,541.61

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_, 213.17

### (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) Sarah Lee

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

X [Signature]  
Signature

(Type name) Jim Boldt

Candidate  Chairperson (only for PC and PTY)

X [Signature]  
Signature

**CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS**

(1) Name Jim Boldt (2) I.D. Number ✓

(3) Cover Period 07 / 27 / 2024 through 08 / 02 / 2024 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9)	(10)	(11)	(12)
		Type	Occupation	Contribution Type	In-kind Description	Amendment	Amount
07/31/24	Wells Fargo	B	Bank	INT	-	-	0.05
①							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							