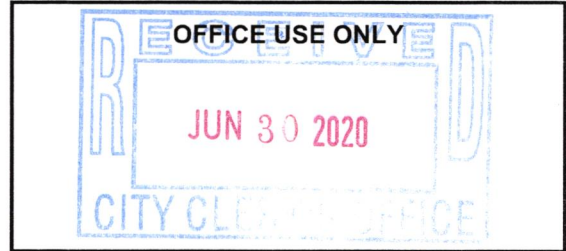


## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Friends of Ft. Pierce  
 Name \_\_\_\_\_

(2) \_\_\_\_\_  
 Address (number and street)  
 P.O. Box 651114  
 \_\_\_\_\_  
 City, State, Zip Code



Check here if address has changed

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

(4) Check appropriate box(es):

- Candidate Office Sought: \_\_\_\_\_
- Political Committee (PC)
- Electioneering Communications Org. (ECO)  Check here if PC or ECO has disbanded
- Party Executive Committee (PTY)  Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications)  Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 6 / 13 / 20 To 6 / 26 / 30 Report Type: P2

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$        , 1,000 . 00

Loans \$        ,        ,        . 0

Total Monetary \$        , 1,000 . 00

In-Kind \$        ,        ,        .       

### (7) Expenditures This Report

Monetary Expenditures \$        ,        ,        . 0

Transfers to Office Account \$        ,        ,        . 0

Total Monetary \$        ,        ,        . 0

### (8) Other Distributions

\$        ,        ,        . 0

### (9) TOTAL Monetary Contributions To Date

\$        , 1,000 . 00

### (10) TOTAL Monetary Expenditures To Date

\$        ,        ,        . 0

### (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) C.R. WILSON  
 Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

[Signature]  
 X  
 Signature

(Type name) C.R. WILSON  
 Candidate  Chairperson (only for PC and PTY)

[Signature]  
 X  
 Signature

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

(1) Name Friends of Ft. Pierce (2) I.D. Number \_\_\_\_\_

(3) Cover Period 6 / 13 / 20 through 6 / 26 / 20 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type   Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description	Amendment	Amount
1 / 1	Charles R. Wilson 1875 Coburn Dr Vero Beach 32960		Accounting	Check			1,000.00
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							