

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) FRIENDS OF Ft. Pierce

Name

(2) P.O. Box 65114

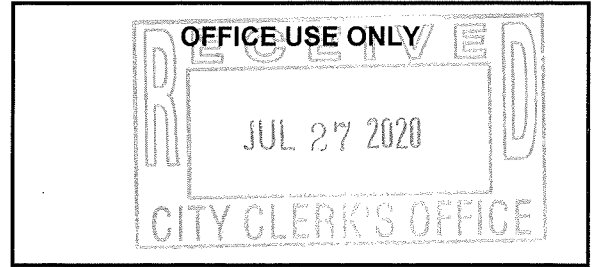
Address (number and street)

Fort Pierce FL 32965

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)

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 / 18 / 20 To 7 / 24 / 20 Report Type: PS

Original

Amendment

Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ 0

Loans \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ 0

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ 0

In-Kind \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ 0

### (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

\$ \_\_\_\_\_, 2,000. 00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_, 1,000. 00

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

[Signature]  
Signature

(Type name) CR Wilson  
 Candidate  Chairperson (only for PC and PTY)

[Signature]  
Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name FRIENDS OF FT. PIERCE (2) I.D. Number \_\_\_\_\_

(3) Cover Period 7 12 1 through \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (4) Page \_\_\_\_\_ of \_\_\_\_\_

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
/ /							
/ /							
/ /							
/ /							
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/ /							
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**CAMPAIGN TREASURER'S REPORT ITEMIZED  
EXPENDITURES AND DISTRIBUTION**

(1) Name \_\_\_\_\_ (2) I.D. Number \_\_\_\_\_

(3) Cover Period \_\_\_\_ / \_\_\_\_ / \_\_\_\_ through \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (4) Page \_\_\_\_\_ of \_\_\_\_\_

**Expenditures** (Use separate sheets for Expenditures and Distributions. Do not combine sequence numbers with Distributions.)

**Distributions** (Use separate sheets for Expenditures and Distributions. Do not combine sequence numbers with Expenditures.)

(5) Date	(7) Full Name (L, Suffix, F, M) Full Street Address City, State, Zip Code	(8) Purpose (add office sought for candidate contributions)	(9) Expenditure Type	(10) Related Expenditures	(11) Amended	(12) Amount
(6) Seq Num						
/ /						
/ /						
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