

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) FRIENDS OF Ft. Pierce

Name

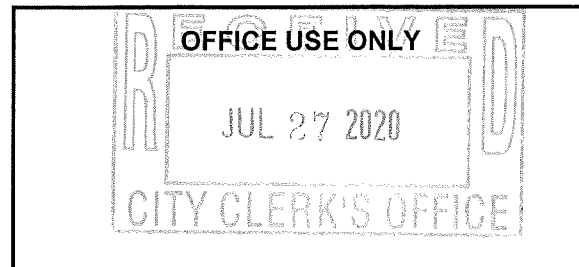
(2) P.O. Box 651114

Address (number and street)

Vero Beach, 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 7/1/20 To 7/1/20 Report Type: 2020 P4

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 \$ _____, _____, 500 . 00

Transfers to Office Account \$ _____, _____, 0 . _____

Total Monetary \$ _____, _____, 500 . 00

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

[Signature]
Signature

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

[Signature]
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name FRIENDS OF Ft. PIENCE (2) I.D. Number _____

(3) Cover Period 7/1/12 through 7/17/12 (4) Page 1 of 1

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

(1) Name Friends of Pt. Ponce (2) I.D. Number _____

(3) Cover Period 7/18/20 through 7/29/20 (4) Page 1 of 1

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
7/18/20	Jake Sanders 301 N.W. Howard St. Pt. St. Lucie 34988					
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