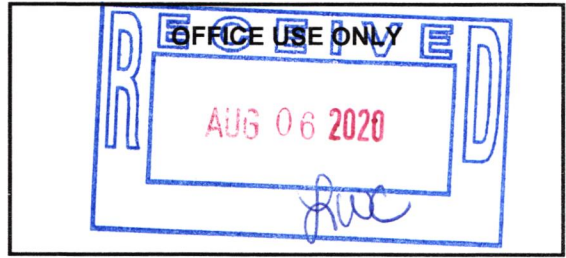


## CAMPAIGN TREASURER'S REPORT SUMMARY

(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)  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 7 / 25 / 20 To 7 / 31 / 20 Report Type: P6

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

X [Signature]  
 Signature

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

X [Signature]  
 Signature

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

(1) Name Friends of St. Pious (2) I.D. Number \_\_\_\_\_

(3) Cover Period 7/25/20 through 7/31/20 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
/ /							
/ /							
/ /							
/ /							
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