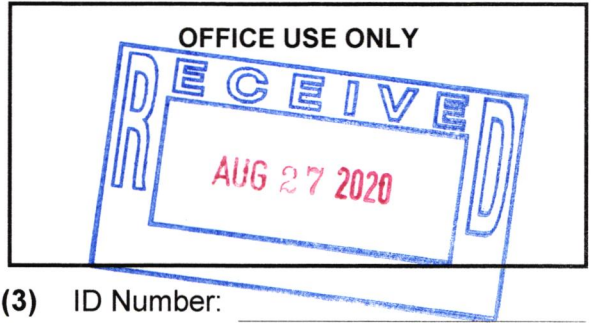


CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Friends of St. Ponce
 Name
 (2) P.O. Box 651114
 Address (number and street)
Vero Beach, FL 32965
 City, State, Zip Code



(3) ID Number: _____

Check here if address has changed

(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 8 / 14 / 20 To 8 / 21 / 20 Report Type: 61

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 8/14/20 through 8/21/20 (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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/ /							
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