

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Stephanie Morgan  
 Name  
 (2) 6575 NW Pomona Court  
 Address (number and street)  
Port St. Lucie, FL 34983  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1155765]

Submitted on:  
 6/4/2018 15:27:01 (eastern)

Check here if address has changed (3) ID Number: 363

(4) Check appropriate box(es):

Candidate Office Sought: City of Port St. Lucie, City Council District 1

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 5 / 1 / 2018 To 5 / 31 / 2018 Report Type: M5

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$      ,   1   , 050 . 00

Loans \$      ,      ,   0 . 00

Total Monetary \$      ,   1   , 050 . 00

In-Kind \$      ,      ,   0 . 00

**(7) Expenditures This Report**

Monetary Expenditures \$      ,      ,  27 . 05

Transfers to Office Account \$      ,      ,   0 . 00

Total Monetary \$      ,      ,  27 . 05

**(8) Other Distributions**  
 \$      ,      ,   0 . 00

**(9) TOTAL Monetary Contributions To Date**  
 \$      ,   2   , 050 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$      ,      ,  106 . 14

### (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) \_\_\_\_\_  
 Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

**X** \_\_\_\_\_  
 Signature

(Type name) \_\_\_\_\_  
 Candidate  Chairperson (only for PC and PTY)

**X** \_\_\_\_\_  
 Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Stephanie Morgan (2) I.D. Number 363

(3) Cover Period 5/1/2018 through 5/31/2018 (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
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
5/15/2018 / /	Ray, Charles E 887 E Prima Vista Blvd. Port St. Lucie, FL 34952	B	attorney	CH			\$50.00
1							
5/21/2018 / /	Waste Pro, 2101 W State Road 434, Suite 315 Longwood, FL 32779	B	waste company	CH			\$1,000.00
2							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Stephanie Morgan

(2) I.D. Number 363

(3) Cover Period 5/1/2018 through 5/31/2018

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
5/15/2018 //	CenterState Bank, 5001 Okeechobee Road Fort Pierce, FL 34947	bank fees	MO		\$27.05
1					
//					
//					
//					
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//					
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