	CAMPAIGN TREASURE	R'S REPORT SUMMARY								
(1)	Fran Olenthia Ross	OFFICE USE ONLY								
(· /	Name	ONLINE SUBMISSION								
(2)	7003 Shannon Drive	[1169802]								
	Address (number and street)	Submitted on: 8/24/2018 13:04:10 (eastern)								
	Fort Pierce, FL 34951									
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number: 375								
(4)	Check appropriate box(es):									
	Candidate Office Sought: County Court	Judge, Group 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	☐ Check here if no other IE or EC reports will be filed								
	individual making electioneering communications)									
(5) Report Identifiers										
Cove	er Period: From 8 / 11 / 2018 To	8 / 23 / 2018 Report Type: P7								
ĭ o		ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
(0)	Contributions This Report									
Casl	n & Checks \$, 1 , 000 . 00	Monetary Expenditures \$, , 0 . 00								
Loar	ns \$,, <u>0</u> . <u>00</u>	Transfers to								
		Office Account \$, , , 0 . 00								
Tota	I Monetary \$,1 , <u>000</u> . <u>00</u>									
		Total Monetary \$, , 0 . <u>00</u>								
In-Kind \$, ,000										
		(8) Other Distributions								
		\$, , <u>0</u> . <u>00</u>								
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
	\$, <u>20</u> , <u>112</u> . <u>00</u>	\$, <u>11</u> , <u>203</u> . <u>14</u>								
	(11) Cert It is a first degree misdemeanor for any pers									
La										
I certify that I have examined this report and it is true, correct, and complete:										
<u> </u>	ype name)	(Type name)								
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)								
Х		X								
	gnature	Signature								

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name F	ran Olenthi	a Ross			(2) I.D. Number		375	
8/11/2018				8/23/	2018				
(3) Cover Period	1 /	1	through	1	1	(4) Page	1	of ¹	L

(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &		ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
8/14/2018	Smith, Grace 310 Nordo Avenue Palm Bay, FL 32908	I		CA			\$50.0
1							
8/14/2018	Ransome, Norma 724 Reba Avenue Palm Bay, FL 32907	I		CA			\$50.0
2							
8/14/2018	TRI-COUNTY ENTTERPRISES, LLC, 3345 Okeechobee Road		towing business	СН			\$500.0
3	Ft. Pierce, FL 34947						
8/14/2018	Benton, Margaret 130 S. Indian River Drive Fort Pierce, FL 34950-4353	I		МО			\$25.0
4							
8/14/2018 / /	Tillman, Barrachel 101 Seaway Drive Ft. Pierce, FL 34950	I	restaurant owner	СН			\$200.0
5				- CTT			
8/20/2018	McKinnon, Joan L 4305 Evergreen Avenue Fort Pierce, FL 34947-1641	I		СН			\$75.0
6							
8/21/2018 / /	Holmes, Reatha 3708 Avenue O Fort Pierce, FL 34947	I		MO			\$50.0
7							
8/22/2018 / /	Cason, A. Annette 3008 Hibiscus Avenue Fort Pierce, FL 34947	I		СН			\$50.0
8							

) Name Fran O	lenthia Ross 8/11/2018		REPORT – ITEMIZED (;	2) I.D. Number			
3) Cover Period _	/ / / / / / / / / / / / / / / / / / /	through	_//(4) Page <u>1</u>	of _	0	
(5) Date (6) Sequence Number	(7, Full N (Last, Suffix, F Street Ad City, State,	ame First, Middle) dress &	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10)	(11)	
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