

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS  
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Democratic Women's Club of St. Lucie County  
**Name**

(2) 6823 S Federal Highway  
**Address (number and street)**

Port St. Lucie, FL 34952  
**City, State, Zip Code**

**CHECK IF ADDRESS HAS CHANGED**

(4) **Check appropriate box(es):**

Candidate (office sought): \_\_\_\_\_

Political Committee

Committee of Continuous Existence

Party Executive Committee

Electioneering Communication

**CHECK IF PC HAS DISBANDED**

**CHECK IF CCE HAS DISBANDED**

**CHECK IF NO OTHER ELECTIONEERING  
COMMUNICATION REPORTS WILL BE FILED**

**OFFICE USE ONLY**

**ONLINE SUBMISSION**  
[1055810]

Submitted on:  
10/8/2013 16:50:58 (eastern)

(3) ID Number: 10

**(5) REPORT IDENTIFIERS**

Cover Period: From 7/1/2013 To 9/30/2013 / Report Type Q3

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 0.00

Loans \$ 0.00

Total Monetary \$ 0.00

In-Kind \$ 0.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 60.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 60.00

(8) Other Distributions \$ 0.00

**(9) TOTAL Monetary Contributions To Date**

\$ 11,416.25

**(10) TOTAL Monetary Expenditures To Date**

\$ 13,253.21

**(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.

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(Type name) \_\_\_\_\_  
 Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

(Type name) \_\_\_\_\_  
 Candidate  Chairperson (only for PC, PTY & electioneering commun. organization)

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

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

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

**(1) Name** Democratic Women's Club of St. Lucie County **(2) I.D. Number** 10

7/1/2013 9/30/2013

**(3) Cover Period**       /      /       through       /      /       **(4) Page** 1 of 0

(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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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Democratic Women's Club of St. Lucie County (2) I.D. Number 10  
 (3) Cover Period 7/1/2013 through 9/30/2013 (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					
9/9/2013 //	Treasure Coast Art Assoc.,	august donation	MO		\$30.00
1					
9/28/2013 //	Treasure Coast Art Assoc.,	september donation	MO		\$30.00
2					
//					
//					
//					
//					
//					