

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) St. Lucie Children's Coalition, Inc

Name

(2) 10380 SW Village Center Dr #328

Address (number and street)

Port St Lucie, FL 34987

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: 233

(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

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ONLINE SUBMISSION  
[1084560]

Submitted on:

2/2/2015 15:17:36 (eastern)

### (5) Report Identifiers

Cover Period: From 1 / 1 / 2015 To 1 / 31 / 2015 Report Type: M1

☒ Original

☐ Amendment

☐ Special Election 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 \$        , 2 , 500 . 00

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        , 2 , 500 . 00

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        , 132 , 755 . 28

### (10) TOTAL Monetary Expenditures To Date

\$        , 132 , 693 . 82

### (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 St. Lucie Children's Coalition, Inc (2) I.D. Number 233  
1/1/2015 1/31/2015  
 (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 St. Lucie Children's Coalition, Inc

(2) I.D. Number 233

(3) Cover Period 1/1/2015 through 1/31/2015

(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
1/15/2015 //	Francis Langford Foundation, P.O. Box 96 Jensen Beach, FL 34958	refund	MO		\$2,500.00
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