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)   ☐ **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

Cover Period: From **6** / **21** / **2014** To **7** / **4** / **2014** Report Type: **P2**

☒ Original   ☐ Amendment   ☐ Special Election Report

(6) **Contributions This Report**		(7) **Expenditures This Report**	
Cash & Checks	$ ___ , ___ , 10 . 00	Monetary Expenditures	$ ___ , ___ , 0 . 00
Loans	$ ___ , ___ , 0 . 00	Transfers to Office Account	$ ___ , ___ , 0 . 00
Total Monetary	$ ___ , ___ , 10 . 00	Total Monetary	$ ___ , ___ , 0 . 00
In-Kind	$ ___ , ___ , 0 . 00		

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

(9) **TOTAL Monetary Contributions To Date**
$ _____ , 121 , 945 . 28

(10) **TOTAL Monetary Expenditures To Date**
$ _____ , 25 , 517 . 73

(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

DS-DE 12 (Rev. 11/13)   **SEE REVERSE FOR INSTRUCTIONS**

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name _St. Lucie Children's Coalition, Inc_   **(2) I.D. Number** ___233___

(3) Cover Period 6/21/2014 ___/___/___ through 7/4/2014 ___/___/___   **(4) Page** _1_ of _1_

(5) Date / (6) Sequence Number	(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
6/21/2014 / / 1	Long, Wallace 8133 Saratoga Way Port St. Lucie, FL 34986	I	CH			$10.00
/ /						
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/ /						
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DS-DE 13 (Rev. 11/13)   SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name St. Lucie Children's Coalition, Inc   **(2) I.D. Number** 233

(3) Cover Period 6/21/2014 ___/___/___ through 7/4/2014 ___/___/___   **(4) Page** 1 of 0

(5) Date / (6) Sequence Number	(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
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DS-DE 14 (Rev. 11/13)   **SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES**