	CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	St. Lucie Children's Coalition, Inc	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION							
(2)	10380 SW Village Center Dr #328	Submitted on:							
	Address (number and street) Port St Lucie, FL 34987	8/5/2014 13:33:43 (eastern)							
,	City, State, Zip Code								
	Check here if address has changed	(3) ID Number: 233							
(4)		(6) 13 (4)(10)							
(-7)	Check appropriate box(es): Candidate Office Sought:								
	Z 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							
	(E) B								
(5) Report Identifiers									
	er Period: From 7 / 26 / 2014 To								
<u>X</u> 0	riginal Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Cash	n & Checks \$, , 0 . 00	Monetary							
Loar	s \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$, , 0 . 00							
Total Monetary \$, , 0 . 00		Total Monetary \$, , 0 . 00							
In-Ki	nd \$,, <u>8</u> . <u>60</u>								
		(8) Other Distributions							
		\$, , <u>0</u> . <u>00</u>							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
	\$, <u>122</u> , <u>645</u> . <u>28</u>	\$							
(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) (Type name)									
	Individual (only for IE Treasurer Deputy Treasurer electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)							
X		X							
	gnature	Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	St. Lucie Children's Coalition, Inc. (2) I.D. Number 233									
	7/26/2014		8	/1/2014						
(3) Cover Perio	od / /	thro	ough	<i>I I</i>	(4) Page	1	of			
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)			
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount			
8/1/2014	Long, Wallace 8133 Saratoga Way	I	Josephan	IK	postage		\$8.6			
1	Port St. Lucie, FL 34986									
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J I										
DS-DE 13 (Rev. 11/1:	3)	SEE RE	VERSE FOR	INSTRUCTIONS	S AND CODE VALU	JES				

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	St.	Lucie	Chi	ldren'	s Coal	ition,	Inc		(2) 1	D. Num	ber		233	
		7/26	/201	4		8/1	/201	4						
(3) Cover Pe	riod	I		1	throug	h	1	1	(4) F	age	1	of	0	

(5)	(7)	(8)	(9)	(10)	(11)
Date (6)	Full Name (Last, Suffix, First, Middle) Street Address &	Purpose (add office sought if contribution to a	Expenditure		
Sequence Number	City, State, Zip Code	candidate)	Туре	Amendment	Amount
//					
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//					
11					
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DS-DE 14 (Rev.	44(0.1)				