CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	Democratic Club of St. Lucie County	OFFICE USE ONLY								
` ,	Name	ONLINE SUBMISSION								
(2)	PO Box 9137	[1077555]								
	Address (number and street)	Submitted on: 10/4/2014 00:04:29 (eastern)								
	Port St. Lucie, FL 34985	(eastern)								
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number:8								
(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 individual making electioneering communications) ☐ Check here if no other IE or EC reports will be filed									
	(5) Report	Identifiers								
Cove	er Period: From 9 / <u>13</u> / <u>2014</u> To	9 / 26 / 2014 Report Type: <u>G3</u>								
	riginal 🖾 Amendment 🗌 Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Casł	h & Checks \$ , , , 00	Monetary								
Loar	s , , , 0 . <u>00</u>	Transfers to Office Account \$ , , , 0 . 00								
Tota	I Monetary \$ , , , 00	Total Monetary \$ , , 115 . 50								
In-Ki	ind \$,,,000	, , ,								
		(8) Other Distributions \$ , , 000_								
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
	\$, <u>67</u> , <u>562</u> . <u>15</u>	\$, <u>66</u> , <u>507</u> . <u>05</u>								
<u>(T</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)  Individual (only for IE  Treasurer Deputy Treasurer Candidate Chairperson (only for PC and PTY)									
or	electioneering comm.)									
X		X								
Si	gnature	Signature								

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Democratic Club of St. Lucie County (2) I.D. Number 8									
	9/13/2014		9	/26/2014						
(3) Cover Perio	od//	thro	ough	<i>I I</i>	(4) Pag	e	of			
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)			
(6)	(Last, Suffix, First, Middle)				Inc. Introduction					
Sequence	Street Address &		ontributor	Contribution	In-kind	Amendment	Non-cont.			
Number	City, State, Zip Code ROBERTS, NEVILLE		Occupation dues for	Type CH	Description	Add	Amount \$20.0			
9/17/2014	1522 SW MEDLEY LANE PORT ST LUCIE, FL 34953		year			laa	,			
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## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name	Democrati	c Cl	lub (	of St.	Lucie	County	7	 (2) I.D. Nun	nber	8	}	
	9/1	3/20	14		9	9/26/20	14					
(3) Cover Pe	eriod	1	1	thro	ugh	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
9/18/2014	SLC SOE, 4132 OKEECHOBEE ROAD FORT PIERCE, FL 34947	late reporting fines	МО	Add	\$115.50
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DS-DE 14 (Rev.				M	