CAMPAIGN TREASURER'S REPORT SUMMARY							
(1)	Democratic Club of St. Lucie County	OFFICE USE ONLY					
	Name	ONLINE SUBMISSION					
(2)	PO Box 9137	Submitted on:					
	Address (number and street)	7/11/2014 10:16:00 (eastern)					
	Port St. Lucie, FL 34985						
	City, State, Zip Code						
	Check here if address has changed	(3) ID Number:8					
(4)	Check appropriate box(es):						
	Candidate Office Sought:						
	<ul><li>☒ Political Committee (PC)</li><li>☐ Electioneering Communications Org. (ECO)</li></ul>	☐ 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	dentifiers					
Cove	er Period: From 6 / 21 / 2014 To						
		ecial Election Report					
(6)	Contributions This Report	(7) Expenditures This Report					
		Monetary					
Cash	n & Checks \$ , , _53 . 00	Expenditures \$ , , 0 . 00					
	Φ 0.00						
Loar	s ,, ,, ,	Transfers to Office Account \$					
<b>-</b> .	<b>\$</b> 52 00	Office Account \$ , , , 0 . 00					
Total Monetary \$		Total Monetary \$ . 0 . 00					
	\$ 0.00	Total Monetary \$ , , , 0 . 00					
In-Ki	ind \$,, <u>0</u> .00	(0) 011 5: ( :1 ::					
		(8) Other Distributions \$ , , , 0 . 00					
		\$,, <u>0</u> . <u>00</u>					
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
	\$, <u>66</u> , <u>572</u> . <u>15</u>	\$, <u>65</u> , <u>901</u> . <u>14</u>					
		tification on to falsify a public record (ss. 839.13, F.S.)					
١٠		, , ,					
10	certify that I have examined this report and it is true, corr	eor, and complete.					
	ype name)	(Type name)					
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)					
Х		x					
	gnature	Signature					

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name		f St. Lucie County (2) I.D. Number 8						
(2) Cause Dari	6/21/2014	thre		/4/2014	(4) Dom	<u> </u>	a. 1	
(3) Cover Peri	od / /		Jugn	L	(4) Pag	е	OI	
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	Co	(8) ontributor	(9) Contribution	(10) In-kind	(11)	(12)	
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount	
6/28/2014	TAYLOR, LILLIE M 1172 COMMODORE COURT #103 FORT PIERCE, FL 34949	Í		СН	·		\$25.0	
6/28/2014	BUSH-MERSON, HEATHER 4876 CHRISTENSEN ROAD FORT PIERCE, FL 34981	I		CA			\$28.0	
1 1								
j j								
Ī I								
J I								
1 1								
J I								

-		/4/2014	2) I.D. Number	nber8		
) Cover Period _	/through		4) Page <u>1</u>	of	0	
(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Purpose (add office sought if	(9)	(10)	(11) Amount	
(6) Sequence Number	Street Address & City, State, Zip Code	contribution to a candidate)	Expenditure Type	Amendment		
//						
//						
//						
//						
//						
//						
//						
, ,				5		