	CAMPAIGN TREASURE	R'S REPORT SUMMARY					
(1)	Thomas K. Perona	OFFICE USE ONLY					
` '	Name	ONLINE SUBMISSION [1072306]					
(2)	2006 Cypress Ave						
	Address (number and street)	Submitted on: 8/11/2014 16:45:09 (eastern)					
	Ft. Pierce, FL 34949						
	City, State, Zip Code						
	Check here if address has changed	(3) ID Number:239					
(4)	Check appropriate box(es):						
	☐ Candidate Office Sought: City of Fort	Fort Pierce Commission, District 2					
	Political Committee (PC)						
	☐ Electioneering Communications Org. (ECO)☐ Party Executive Committee (PTY)	☐ 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					
	individual making electioneering communications)						
	(E) Para ed	. I.J					
Cove		I Identifiers					
		8 / 8 / 2014 Report Type: P6					
× O	riginal Amendment Spe	ecial Election Report					
(6)	Contributions This Report	(7) Expenditures This Report					
		Monetary					
Cash	n & Checks \$, , <u>200</u> . <u>00</u>	Expenditures \$, , 0 . 00					
Loar	s , , 0.00	Transfers to					
Luai	, , ,	Office Account \$, , 0 . 00					
Tota	I Monetary \$, , 200 . 00	, , , ,					
Tota	,, <u></u>	Total Monetary \$, 0 . 00					
In-Ki	nd \$, , 0.00	,,,					
III-IXI	, , , , , , , , , , , , , , , , , , ,	(8) Other Distributions					
		\$, , 0.00					
		, <u> </u>					
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
	\$	\$, <u>3</u> , <u>003</u> . <u>46</u>					
	(44)						
		tification on to falsify a public record (ss. 839.13, F.S.)					
١c	ertify that I have examined this report and it is true, corr						
10	craffy that thave examined this report and it is true, con						
	ype name)	(Type name)					
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)					
X		×					
	gnature	Signature					

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Thomas K. Perona	(2) I.D. Number 239						
	8/2/2014			/8/2014				
(3) Cover Perio	od//	thro	ough	<i>l l</i>	(4) Pag	e	of	
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)	
Sequence Number	Street Address & City, State, Zip Code	Туре	Occupation	Contribution Type	In-kind Description	Amendment	Amount	
8/5/2014	Richeson, Sarah Y 2021 S. Indian River Drive Fort Pierce, FL 34982	<u> </u>	home maker	CH			\$100.0	
1								
8/6/2014	DiPalma, Steve & Marguarita 516 Crooked Lake Ln. Fort Pierce, FL 34982		repair mar housewife	с СН			\$100.0	
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1 1								

(1) Name Thoma	URES 239				
	8/2/2014 8/	8/2014			
(3) Cover Period	/through	_//(4	4) Page <u>1</u>	of	0
(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose	(9)	(10)	(11)
(6) Sequence Number		(add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
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