CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Charles D Santos	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION [1064760]							
(2)	2380 SW Savage Blvd	Submitted on:							
	Address (number and street) Port St Lucie, FL 34953	6/9/2014 20:49:12 (eastern)							
	City, State, Zip Code	<del></del>							
	Check here if address has changed	(3) ID Number: 240							
(4)	Check appropriate box(es):								
	<ul> <li>☑ Candidate Office Sought: School Board, District 1</li> <li>☐ Political Committee (PC)</li> <li>☐ Electioneering Communications Org. (ECO)</li> <li>☐ Party Executive Committee (PTY)</li> <li>☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)</li> <li>☐ Check here if PTY has disbanded</li> <li>☐ Check here if no other IE or EC reports will be filed</li> </ul>								
	(5) Report	Identifiers							
Cove	er Period: From <u>5</u> / <u>1</u> / <u>2014</u> To	5 / 31 / 2014 Report Type: M5							
X o	riginal Amendment Spe	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Casl	n & Checks \$ , , , 2500	Monetary							
Loar		Transfers to Office Account \$ , , , 0 . 00							
Tota	I Monetary \$ , , , 2500	Total Monetary \$ , 1 ,031 . 27							
In-Ki	and \$,, <u>0</u> .00	, ,, ,, ,,							
		(8) Other Distributions \$ , , 000_							
(9)	(9) TOTAL Monetary Contributions To Date \$\\ \begin{array}{cccccccccccccccccccccccccccccccccccc								
(T	(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								
X		X							
Si	gnature	Signature							

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

(1) Name	Charles D Santos			(2) I.D. Number					
	5/1/2014		5	/31/2014					
(3) Cover Perio	od//	thro	ough	11_	(4) Page	1	of		
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)	(8)		(9)	(10)	(11)	(12)		
Sequence	Street Address &		ontributor	Contribution	In-kind				
Number	City, State, Zip Code Thompson, Ellie		Occupation educator	Type CH	Description	Amendment	Amount \$25.0		
5/27/2014	2653 NW South Shore Rd. Stuart, FL 34984	1	educator	Сп			\$25.0		
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<i>t</i>									
I I									
j j									
f I									
1 1									
1 1									
DS-DE 13 (Rev. 11/1	3)	SEE RE	VERSE FOR	  NSTRUCTIONS	AND CODE VALU	JES			

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

(1) Name Charl	les D Sai	ntos				 (2) I.D. Nun	nber	2	240	-
	5/1/20	14		5/31/20	14					
(3) Cover Period	1	1	through	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
5/27/2014	Go Fund Me, PO Box 711798 San Diego, CA 92171	fee for on-line fundraising website; gofundme.com	MO		\$2.27
5/27/2014	Campaign Partner, 16 Dudley St. Fitchburg, MA 01420	campaign website	МО		\$29.00
5/30/2014	Santos, Charles 2380 SW Savage Blvd. Port Saint Lucie', FL 34953	loan repayment	МО		\$1,000.00
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