CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	Gregg Ney	OFFICE USE ONLY						
	Name	ONLINE SUBMISSION						
(2)	411 SW Fairway Landing	Submitted on:						
	Address (number and street)	6/4/2014 13:30:18 (eastern)						
	Port St. Lucie, FL 34986 City, State, Zip Code							
	Check here if address has changed	(3) ID Number: 248						
(4)	_	(3) 1D Number248						
(4)	Check appropriate box(es):							
		t Services District, Seat 1						
	☐ 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						
		Check here if no other IE or EC reports will be filed						
	individual making electioneering communications)							
	(5) Report	Identifiers						
Cove	er Period: From $\frac{5}{2}$ / $\frac{1}{2}$ / $\frac{2014}{2}$ To	5 / 31 / 2014 Report Type: M5						
X O	riginal Amendment Spe	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
		Monetary						
Cash	n & Checks \$, , <u>150</u> . <u>00</u>	Expenditures \$, , _0 . 00						
Loan	s \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$						
	\$ 150 00	Office Account \$, , , 0 . 00						
Tota	I Monetary \$, , <u>150</u> . <u>00</u>	Total Monetary \$. 0 . 00						
	nd \$ 0.00	Total Monetary \$, , , 0 . 00						
In-Ki	nd \$,,,00	(0) Other Distributions						
		(8) Other Distributions \$, , 0.00						
		\$, , <u>0</u> . <u>00</u>						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$	\$, , <u>0</u> . <u>00</u>						
	(11) Cert It is a first degree misdemeanor for any pers							
I certify that I have examined this report and it is true, correct, and complete:								
	ype name)	(Type name)						
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)						
X		v						
	gnature	X Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	r	248					
5/1/2014			5/31/2014				
(3) Cover Period / /		thro	ough	<i>I I</i>	(4) Pag	e	of
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &	Co	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
E /16 /2014	Yoshioka, Paula	I	2	CH	Set I		\$100.

Date	Full Name						
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &	C	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
5/16/2014	Yoshioka, Paula 1539 SW Mockingbird Dr Port St Lucie, FL 34986	İ		СН			\$100.00
1							
5/16/2014	Foslien, Kathleen 1713 SW Mockingbird Dr Port St Lucie, FL 34986	I		СН			\$50.00
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I I							
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1 1							
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1 1							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (1) Name Gregg Ney (2) I.D. Number 248							
	5/1/2014 5/ 	31/2014)) Page <u>1</u>		0		
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10)	(11) Amount		
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