	CAMPAIGN TREASURE	R'S REPORT SUMMARY								
(1)	Mazella Smith	OFFICE USE ONLY								
` '	Name	ONLINE SUBMISSION								
(2)	1811 E Sanderling Lane	[1071365]								
	Address (number and street)	Submitted on:								
	FT Pierce, FL 34982	8/6/2014 18:32:39 (eastern)								
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number:255								
(4)	Check appropriate box(es):									
	<ul> <li>☐ Candidate Office Sought: City of Fort Pierce Commission, District 2</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 8 / 2 / 2014 To									
X O	riginal Amendment Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Cash	n & Checks \$,, 400 . 00	Monetary Expenditures \$ ,1 , <u>570</u> . <u>87</u>								
Loar	s \$, <u>1</u> , <u>000</u> . <u>00</u>	Transfers to Office Account \$ , , , 0 . 00								
Tota	Monetary \$,1 , 400 . 00	Total Monetary \$ , 1 ,570 .87								
In-Ki	nd \$,,,000									
		(8) Other Distributions \$ , , 000								
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
	\$,3,33000	\$, <u>2</u> , <u>017</u> . <u>87</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 or electioneering comm.)  (Type name)    Candidate   Chairperson (only for PC and PTY)									
Х		x								
	gnature	Signature								

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

(1) Name	Mazella Smith					2) I.D. Number _		255	
	8/2/2014			8/8/2	014				
(3) Cover Peri	nd /	1	through	1	1	(A) Page	1	of	2

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(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle) Street Address &	_	ontributor	Cautollection	Iw Diwal		
Sequence Number	SOURCE CONTROL OF THE CONTROL OF THE	8.50	200 CO	Contribution	In-kind Description	Amendment	Amount
Number	City, State, Zip Code nelson, roosevelt		Occupation retired	Type CH	na	Amendment	\$250.00
8/2/2014	duke 1502 avenue 0	_	recired	CII	lia lia		ψ230.0C
1	fort pierce, FL 34950						
8/4/2014	Collins, Patsy po box 2743 fort pierce, FL 34954	I	retired	СН	na		\$25.00
2							
8/3/2014	Adams, Pernell 1102 Avenue G Fort Pierce, FL 34950	I	retired	СН	na		\$25.00
3							
8/3/2014	Williams, Beverly 2822 stoneway lane Apartment C Fort Pierce, FL 34982	I	registered nurse	l CH	na		\$25.00
4							
8/3/2014	Collins, Lee Ann 3701 Avenue S Fort Pierce, FL 34947	I	retired	СН	na		\$25.00
8/3/2014	Perry, Kevin	I	administra	CA	na		\$20.00
1 1	2005 bayshore drive Port St. Lucie, FL 34952		tor				
6							
8/2/2014	Gomez, Tim 8519 red bay court Port St Lucie, FL 34952	I	retired	CA	na		\$20.00
7							
8/3/2014	Edwards, Dororthy 2708 Avenue H Fort Pierce, FL 34950	I	unemployed	l CA	na		\$10.00

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Mazella Smith				(2) I.D. Numbe	er	255
	8/2/2014		8	/8/2014			
(3) Cover Perio	od / /	thro	ough	1	(4) Pag	je <sup>2</sup>	of <sup>2</sup>
V.25. 84			(400)			1975.	
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name				3/4-19/10/3/20	0.000	
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &	C	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре		Туре	Description	Amendment	Amount
0/4/2014	Smith, Mazella	I	retired	LO	na		\$1,000.0
8/4/2014	1811 East Sanderling Ln Fort Pierce, FL 34982						
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## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name	Mazella Smith						(2	(2) I.D. Number _			255		
		8/2/20	14		8/8/203	14		-					
(3) Cover Po	eriod	1	1	through	1	1	(4	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
8/6/2014	Design A Sign, 10229 SE Lennard Road Port St Lucie, FL 34952	campaign signs	MO		\$1,570.87
1	POIL St Lucie, FL 34952			ä	
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DS-DE 14 (Rev.	4440.)			I.	