

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Linda Bartz  
 Name  
 (2) 1334 S.W. Irving St.  
 Address (number and street)  
Port St. Lucie, FL 34983  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1121004]  
 Submitted on:  
 8/18/2016 10:42:43 (eastern)

Check here if address has changed

(3) ID Number: 283

(4) Check appropriate box(es):

- Candidate Office Sought: County Commissioner, District 3
- 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
- Independent Expenditure (IE) (also covers an individual making electioneering communications)  Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 8 / 6 / 2016 To 8 / 12 / 2016 Report Type: P6

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$      ,   2   ,  300  .  00 

Loans \$      ,      ,   0   .  00 

Total Monetary \$      ,   2   ,  300  .  00 

In-Kind \$      ,      ,   50  .  00 

### (7) Expenditures This Report

Monetary Expenditures \$      ,      ,   3   .  00 

Transfers to Office Account \$      ,      ,   0   .  00 

Total Monetary \$      ,      ,   3   .  00 

### (8) Other Distributions

\$      ,      ,   0   .  00 

### (9) TOTAL Monetary Contributions To Date

\$      ,   17  ,  774  .  00 

### (10) TOTAL Monetary Expenditures To Date

\$      ,   11  ,  826  .  11 

### (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 or electioneering comm.)  Treasurer  Deputy Treasurer

X \_\_\_\_\_  
 Signature

(Type name) \_\_\_\_\_  
 Candidate  Chairperson (only for PC and PTY)

X \_\_\_\_\_  
 Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Linda Bartz (2) I.D. Number 283  
 (3) Cover Period 8/6/2016 / 8/12/2016 through 8/12/2016 / 8/12/2016 (4) Page 1 of 2

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
8/12/2016 / /	Berger, Jessica L 3040 SW Woodland Trl Palm City, FL 34990	I housewife	CH			\$350.00
1						
8/12/2016 / /	Wyres, Theresa L 1681 SW Victor Ln Port St Lucie, FL 34984	I business owner	CH			\$200.00
2						
8/12/2016 / /	Smith, Brenda K ***Protected***	I retired	CH			\$250.00
3						
8/12/2016 / /	Smith, Vernon K ***Protected***	I retired	CH			\$250.00
4						
8/12/2016 / /	Gunster PAC Inc., 777 S Flagler Dr. Ste 500E West Palm Beach, FL 33401	C attorney pac	CH			\$500.00
5						
8/12/2016 / /	The Fetterman Firm PLLC, 10380 SW Village Center Dr #328 Port St. Lucie, FL 34987	B attorney	CH			\$100.00
6						
8/12/2016 / /	Wilson, Gary R ***Protected***	I	CH			\$50.00
7						
8/12/2016 / /	Fee III, Frank H 426 Avenue A Fort Pierce, FL 34950	I attorney	CH			\$250.00
8						

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Linda Bartz (2) I.D. Number 283  
 (3) Cover Period 8/6/2016 through 8/12/2016 (4) Page 2 of 2

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation				
8/12/2016 / /	McBee, Jay 293 NE Sagamore Terrace Port St Lucie, FL 34983	I	cpa	CH			\$200.00
9							
8/12/2016 / /	Beller, Sam 7620 Vintage Way Port St. Lucie, FL 34986	I		CH			\$50.00
10							
8/12/2016 / /	Monohan, Michael O 3672 S Brocksmitth RD Fort Pierce, FL 34945	I	retired	CH			\$100.00
11							
8/10/2016 / /	Summit 21 LLC, 1391 NW St Lucie West Blvd Port St. Lucie, FL 34986	B	consultant	IK	advertisin g		\$50.00
12							
/ /							
/ /							
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/ /							

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

(1) Name Linda Bartz

(2) I.D. Number 283

(3) Cover Period 8/6/2016 through 8/12/2016

(4) Page 1 of 1

(5) Date	(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) Amendment	(11) Amount
(6) Sequence Number					
8/10/2016 / /	Seacoast National Bank, P.O. Box 9012 Stuart, FL 34995	service fee	MO		\$3.00
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