

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Cathy Townsend  
 Name  
 (2) 474 Peninsula Dr.  
 Address (number and street)  
Fort Pierce, FL 34946  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1119123]

Submitted on:  
 8/11/2016 14:41:25 (eastern)

Check here if address has changed

(3) ID Number: 285

(4) Check appropriate box(es):

- Candidate Office Sought: County Commissioner, District 5
- 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 7 / 30 / 2016 To 8 / 5 / 2016 Report Type: P5

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$        ,   1   ,  500  .  00 

Loans \$        ,        ,   0   .  00 

Total Monetary \$        ,   1   ,  500  .  00 

In-Kind \$        ,        ,   0   .  00 

### (7) Expenditures This Report

Monetary Expenditures \$        ,   1   ,  829  .  00 

Transfers to Office Account \$        ,        ,   0   .  00 

Total Monetary \$        ,   1   ,  829  .  00 

### (8) Other Distributions

\$        ,        ,   0   .  00 

### (9) TOTAL Monetary Contributions To Date

\$        ,   33  ,  922  .  07 

### (10) TOTAL Monetary Expenditures To Date

\$        ,   28  ,  993  .  88 

### (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 Cathy Townsend (2) I.D. Number 285

7/30/2016 through 8/5/2016

(3) Cover Period       /      /       through       /      /       (4) Page 1 of 1

(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
8/5/2016 / /	Midway Dental Center, 5054 S 25th St Fort Pierce, FL 34981	B	dentist	CH			\$500.00
1							
8/5/2016 / /	Strawn, Jennifer 5605 S Indian River Dr Fort Pierce, FL 34982	I	housewife	CH			\$500.00
2							
8/5/2016 / /	Treasure Coast Builders PAC, 6560 S Federal Hwy Port St Lucie, FL 34952	C	t c builders pac	CH			\$500.00
3							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

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

(1) Name Cathy Townsend

(2) I.D. Number 285

(3) Cover Period 7/30/2016 through 8/5/2016

(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					
8/4/2016 / /	USPS, 1717 Orange Ave Fort Pierce, FL 34950	stamps	MO		\$705.00
1					
8/5/2016 / /	WPSL Radio, 4100 Metzger Road Fort Pierce, FL 34947	advertising	MO		\$1,124.00
2					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					