

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
 [1122531]

Submitted on:
 8/25/2016 09:54:52 (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 8 / 13 / 2016 To 8 / 25 / 2016 Report Type: P7

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 500 . 00

Loans \$, , 0 . 00

Total Monetary \$, , 500 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 24 . 59

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 24 . 59

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 36 , 422 . 07

(10) TOTAL Monetary Expenditures To Date

\$, 29 , 386 . 72

(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
 8/13/2016 through 8/25/2016
 (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 |
|------------------|--|---------------------------------------|------|-----------------------------|--------------------------------|-------------------|----------------|
| 8/19/2016 / / | Nolan, Robyn L 8000 S US Hwy 1 Suite 402 Port St. Lucie, FL 34952 | I | none | CH | | | \$500.00 |
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Cathy Townsend

(2) I.D. Number 285

(3) Cover Period 8/13/2016 through 8/25/2016

(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 | | | | | |
| 8/16/2016 / / | Office Max, 10512 SW Village Parkway Port St. Lucie, FL 34987 | office supplies | MO | | \$24.59 |
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