

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Sheritta Johnson
 Name
 (2) 4888 Kings Hwy #105
 Address (number and street)
Fort Pierce, FL 34951
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1106800]
 Submitted on:
 6/7/2016 14:52:06 (eastern)

Check here if address has changed

(3) ID Number: 289

(4) Check appropriate box(es):

- Candidate Office Sought: Supervisor of Elections
- 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 5 / 1 / 2016 To 5 / 31 / 2016 Report Type: M5

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 390 . 00

Loans \$, , 0 . 00

Total Monetary \$, , 390 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 38 . 75

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 38 . 75

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, , 3 , 215 . 00

(10) TOTAL Monetary Expenditures To Date

\$, , 1 , 794 . 13

(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 Sheritta Johnson (2) I.D. Number 289
 (3) Cover Period 5/1/2016 through 5/31/2016 (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
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
5/10/2016 / /	PATTERSON, KECIL 369 CAMELOT DRIVE PORT ST LUCIE, FL 34983	I	nurse	CH			\$250.00
1							
5/13/2016 / /	BROWNING, KEVIN ***Protected***	I		CA			\$40.00
2							
5/15/2016 / /	BRADFORD, GAIL 2417 CENTER AVENUE ORLANDO, FL 32806	I	attorney	CH			\$100.00
3							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Sheritta Johnson

(2) I.D. Number 289

(3) Cover Period 5/1/2016 through 5/31/2016

(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					
5/5/2016 //	SUPERVISOR OF ELECTIONS, 4132 OKEECHOBEE ROAD FORT PIERCE, FL 34947	petition verification	MO		\$13.50
1					
5/10/2016 //	SUPERVISOR OF ELECTIONS, 4132 OKEECHOBEE ROAD FORT PIERCE, FL 34947	petition verification	MO		\$10.15
2					
5/12/2016 //	SUPERVISOR OF ELECTIONS, 4132 OKEECHOBEE ROAD FORT PIERCE, FL 34947	petition verification	MO		\$10.70
3					
5/13/2016 //	SUPERVISOR OF ELECTIONS, 4132 OKEECHOBEE ROAD FORT PIERCE, FL 34947	petition verification	MO		\$4.40
4					
//					
//					
//					
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