

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Armando Rodriguez
 Name
 (2) PO BOX 880773
 Address (number and street)
Port St Lucie, FL 34988
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1110923]

Submitted on:
 7/2/2016 16:01:44 (eastern)

Check here if address has changed (3) ID Number: 290

(4) Check appropriate box(es):

Candidate Office Sought: City of Port St. Lucie, City Council District 2

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 6 / 1 / 2016 To 6 / 24 / 2016 Report Type: P1

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 75 . 00

Loans \$, , 0 . 00

Total Monetary \$, , 75 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 0 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 0 . 00

(8) Other Distributions
 \$, , 0 . 00

(9) TOTAL Monetary Contributions To Date
 \$, 2 , 069 . 00

(10) TOTAL Monetary Expenditures To Date
 \$, 1 , 339 . 71

(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 Armando Rodriguez (2) I.D. Number 290

(3) Cover Period 6/1/2016 through 6/24/2016 (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							
6/24/2016 / /	Geczi, Gregory 1585 SE Blockton Ave Port st Lucie , FL 34952	I	sales	CA		Add	\$25.00
1							
6/22/2016 / /	Next Level Insurance Group Of 3245 SW port st Lucie Blvd Port st lucie, FL 34953	B	insurance	CA		Add	\$50.00
2							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Armando Rodriguez

(2) I.D. Number 290

(3) Cover Period 6/1/2016 through 6/24/2016

(4) Page 1 of 0

(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					
/ /					
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