

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
 [1115136]

Submitted on:
 7/29/2016 07:14:36 (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 7 / 9 / 2016 To 7 / 22 / 2016 Report Type: P3

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 0 . 00

Loans \$, , 0 . 00

Total Monetary \$, , 0 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 50 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 50 . 00

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 2 , 746 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 2 , 487 . 19

(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

7/9/2016 through 7/22/2016

(3) Cover Period ____ / ____ / ____ through ____ / ____ / ____ (4) Page 1 of 0

(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
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Armando Rodriguez

(2) I.D. Number 290

(3) Cover Period 7/9/2016 through 7/22/2016

(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					
7/11/2016 //	Walmart, 902 SW St Lucie W Blvd port st Luice, fl 34986	gas	MO		\$25.00
1					
7/18/2016 //	City of Port st Lucie, 121 SW Port St Lucie Blvd, Port St Lucie Port St Luice, FL 34984	sign permit	MO		\$25.00
2					
//					
//					
//					
//					
//					
//					
//					