	CAMPAIGN TREASURER'S REPORT SUMMARY						
(1)	Jennifer Richardson	OFFICE USE ONLY					
` '	Name	ONLINE SUBMISSION					
(2)	613 SW Nichols Terrace	Submitted on:					
	Address (number and street)	6/9/2016 18:25:30 (eastern)					
	Port St Lucie, FL 34953						
	City, State, Zip Code						
	Check here if address has changed	(3) ID Number:					
(4)	Check appropriate box(es):						
	Candidate Office Sought: School Board,	District 4					
	<ul><li>☐ Political Committee (PC)</li><li>☐ Electioneering Communications Org. (ECO)</li></ul>	☐ Check here if PC or ECO has disbanded					
	Party Executive Committee (PTY)	☐ Check here if PTY has disbanded					
	☐ Independent Expenditure (IE) (also covers an	Check here if no other IE or EC reports will be filed					
	individual making electioneering communications)						
	(5) Report	Identifiers					
Cove	er Period: From 5 / 1 / 2016 To	5 / 31 / 2016 Report Type: M5					
X o	riginal Amendment Spo	ecial Election Report					
(6)	Contributions This Report	(7) Expenditures This Report					
(-)	Communication of the point	Monetary					
Cast	n & Checks \$ , , 565 . 00	Expenditures \$ , , 0 . 00					
Loar	ns \$,,,000	Transfers to					
		Office Account \$ , , , 0 . 00					
Tota	I Monetary \$ , , <u>565</u> . <u>00</u>						
	4.5	Total Monetary \$ , , 0 . 00					
In-Ki	nd \$,, <u>45</u> . <u>00</u>						
		(8) Other Distributions					
		\$ , , <u>0</u> . <u>00</u>					
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
	\$,, 565 . 00	\$ , , 0.00					
		tification on 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:							
_(T	ype name)	(Type name)					
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)					
Х		×					
	gnature	Signature					

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name					(2) I.D. Number					
	5/1/:	2016			5/31/	2016				
(3) Cover Perio	d /		1	through	1	1	(A) Page	1	of	1

(E)	(7)		(0)	(0)	(10)	(11)	(12)
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &	C	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Type	Description	Amendment	Amount
5/28/2016 /	Fyffe, Marlene 4840 Ogelthorpe Lane Vero Beach, Fl 32966	Î	unemployed				\$200.00
1							
5/28/2016 / /	Robinson, Samuel 309 N 20th St Fort Pierce, FL 34950	I	retired	СН			\$30.00
2							
5/28/2016	Vickers, Martha 3803 Avenue J Fort Pierce, FL 34947		transporta tion	CH			\$100.00
3							
5/28/2016 / /	Sherrod, Curtis 2016 SW Pruitt Street Port St. Lucie, FL 34953	I	retired	СН			\$25.00
4							
5/28/2016 / /	Morris, John PO Box 3274 Fort Pierce, FL 34984	I		СН			\$100.00
5							
5/28/2016 / /	Twin Beauty Salon, 3803 Avenue J Fort Pierce, FL 34947	В		СН			\$100.00
6							
5/28/2016 / /	Jacobs, Phillip 613 SW Nichols Terrace Port St. Lucie , FL 34953	I		IK	copies of petition		\$45.00
7							
5/27/2016 / /	Richardson, Jennifer 613 SW Nichols Terrace Port Saint Lucie, FL 34953	S		CA			\$10.00
		į.					

	CAMPAIGN TREAS ifer Richardson	URER'S REPORT – ITEM	IIZED EXPENDITI (2) I.D. Number		<b>RES</b> 293	
(3) Cover Period	5/1/2016 I/t	5/31/2016 nrough / /	(4) Page <u>1</u>	of	0	
(5) Date	(7) Full Name	D: 2000 D: 1000 D: 10	(9)	(10)	(11)	

(5) Date	(7) Full Name	Purpose	(9)	(10)	(11)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
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