

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) David Skiles  
 Name  
 (2) 2662 S.E. Emmett Rd  
 Address (number and street)  
Port St. Lucie, FL 34952  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1112499]

Submitted on:  
 7/14/2016 09:59:27 (eastern)

Check here if address has changed (3) ID Number: 304

(4) Check appropriate box(es):

Candidate Office Sought: City of Port St. Lucie, City Council District 4

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 \$        ,        , 0 . 21

Loans \$        ,        , 0 . 00

Total Monetary \$        ,        , 0 . 21

In-Kind \$        ,        , 0 . 00

**(7) Expenditures This Report**

Monetary Expenditures \$        ,        , 45 . 96

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 45 . 96

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

**(9) TOTAL Monetary Contributions To Date**  
 \$        , 2 , 750 . 21

**(10) TOTAL Monetary Expenditures To Date**  
 \$        ,        , 904 . 35

### (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 David Skiles (2) I.D. Number 304

6/1/2016 through 6/24/2016

(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
6/20/2016 / /	paypal, PO Box 5139 Timonium, Md 21094	B		CH		Add	\$0.21
1							
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name David Skiles

(2) I.D. Number 304

(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) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
6/15/2016 / /	suntrust Bank, PO Box 305183 Nashville, Tn 37230	printed checks	MO	Add	\$45.75
1					
6/20/2016 / /	Paypal, PO Box 5139 Timonium, Md 21094	paypal account test fee	MO	Add	\$0.21
2					
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