CAMPAIGN TREASURER'S REPORT SUMMARY						
(1) Charles Hayling	OFFICE USE ONLY					
Name	ONLINE SUBMISSION [1139849]					
(2) 913 N 17th St	Submitted on:					
Address (number and street) Fort Pierce, FL 34950	2/6/2017 14:50:25 (eastern)					
City, State, Zip Code	—					
☐ Check here if address has changed	(3) ID Number: 345					
(4) Check appropriate box(es):	()					
	Pierce Commission, District 1					
Political Committee (PC)						
Electioneering Communications Org. (ECO)	Check here if PC or ECO has disbanded					
Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an	 Check here if PTY has disbanded Check here if no other IE or EC reports will be filed 					
individual making electioneering communications)						
(5) Repor	t Identifiers					
Cover Period: From 7 / 9 / 2016 To						
	ecial Election Report					
(6) Contributions This Report	(7) Expenditures This Report					
	Monetary					
Cash & Checks \$, , -50 . 00	Expenditures \$, _ , 0 . 00					
Loans \$,, <u>0</u> . <u>00</u>	Transfers to					
	Office Account \$,, 0 . 00					
Total Monetary \$,, <u>-50</u> . <u>00</u>	Total Manatany (*					
In-Kind \$,,0.00	Total Monetary \$, , , 0 . 00					
In-Kind \$,, <u>0</u> .00	(8) Other Distributions					
	(8) Other Distributions \$,,,000					
	· · · · · · · · · · · · · · · · · · ·					
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
\$, <u>5</u> , <u>675</u> . <u>00</u>	\$, <u>3</u> , <u>575</u> . <u>40</u>					
(11) Cer	tification					
(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)	(Type name)					
Individual (only for IE Treasurer Deputy Treasurer	Candidate Chairperson (only for PC and PTY)					
or electioneering comm.)						
X	x					
Signature	Signature					

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Charles Hayling			(2) I.D. Number345				
7/9/2016		7/22/2016						
(3) Cover Per	riod / /	thr	ough	II	(4) Pa	ge	_ of _ ¹	
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)	
(6) Sequence	(Last, Suffix, First, Middle) Street Address &	c	ontributor	Contribution	In-kind			
Number	City, State, Zip Code	Туре	NAMES AND A DAMAGED AND A D	Туре	Description	Amendment	Amount	
7/13/2016 / /	Hayling, Charles Cleaver 913 N. 17th St. Ft. Pierce, Fl 34950	I	consultant	CA		Delete	\$50.0	
7/13/2016 / /	Hayling, Charles Cleaver 913 N. 17th St. Ft. Pierce, Fl 34950	I	consultant	: CA		Add	\$0.0	
1 1								
1 1								
1 1	_							
1 1								
1 1								
1 1								

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (1) Name <u>Charles Hayling</u> (2) I.D. Number <u>345</u>						
(3) Cover Period	7/9/2016 // through	7/22/2016	4) Page <u>1</u>	of	0	
(5) Date	(7) Full Name	(8) 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	
_/ /						
_/ /						
_/ /						
_/ /						
_/ /						
11						
_/ /						

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