CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Bobby Leroy Hopkins	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION [1180627]							
(2)	6755 Lila Court	Submitted on:							
	Address (number and street)	11/26/2018 17:47:56 (eastern)							
	Fort Pierce, FL 34951  City, State, Zip Code	<del></del>							
	☐ Check here if address has changed	(3) ID Number: 359							
(4)	_	(3) 1D Number.							
(4)	Check appropriate box(es):  Candidate Office Sought: County Commissioner, District 2  Political Committee (PC)  Electioneering Communications Org. (ECO)  Party Executive Committee (PTY)  Independent Expenditure (IE) (also covers an individual making electioneering communications)  Check here if PTY has disbanded  Check here if no other IE or EC reports will be filed								
	(5) Report	Identifiers							
	er Period: From <u>8</u> / <u>24</u> / <u>2018</u> To	11 / 26 / 2018 Report Type: <u>TR-PR</u>							
× O	riginal Amendment Spo	ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Casl	h & Checks \$ , , 0 . 00	Monetary							
Loar		Transfers to Office Account \$ , , , 0 . 00							
Tota In-Ki	I Monetary \$,,,00  ind \$ , , 0 . 00	Total Monetary \$ , , <u>475</u> . <u>79</u>							
III-KI	mα Ψ,,	(8) Other Distributions \$ , , 000_							
(9)	TOTAL Monetary Contributions To Date \$ ,28 , _40000_	(10) TOTAL Monetary Expenditures To Date \$,28 , _40000							
(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									
X Si	gnature	X Signature							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Bobby Leroy Hopkins		(2) I.D. Number					
	8/24/2018		1	1/26/2018				
(3) Cover Perio	od//	thro	ough	11	(4) Pag	e <sup>1</sup>	of <sup>0</sup>	
	·		1000	·		22. V <del> </del>		
(5)	(7)		(8)	(9)	(10)	(11)	(12)	
Date	Full Name						**************************************	
(6)	(Last, Suffix, First, Middle)							
Sequence	Street Address &	Co	ontributor	Contribution	In-kind			
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount	
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## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name	Bobby	Leroy	Hopkin	S			 (2) I.D. Nun	nber	3	359	
		8/24/	2018		11/26/	2018		-			
(3) Cover Po	eriod	1	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
11/26/2018	City of Port St. Lucie, 121 SW Port St Lucie Blvd Port St. Lucie, Fi 34984	bond returned	MO		\$-250.00
je za	Hopkins, Bobby 6755 LILA Court Ft. Pierce, Fl 34951	pay back part loan	МО		\$725.79
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