

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Stephanie Morgan  
 Name  
 (2) 6575 NW Pomona Court  
 Address (number and street)  
Port St. Lucie, FL 34983  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1152226]

Submitted on:  
 4/6/2018 17:35:51 (eastern)

Check here if address has changed

(3) ID Number: 363

(4) Check appropriate box(es):

- Candidate Office Sought: City of Port St. Lucie, City Council District 1
- 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 3 / 1 / 2018 To 3 / 31 / 2018 Report Type: M3

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$        ,        , 700 . 00

Loans \$        ,        , 0 . 00

Total Monetary \$        ,        , 700 . 00

In-Kind \$        ,        , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures \$        ,        , 9 . 95

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 9 . 95

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        ,        , 1 , 000 . 00

### (10) TOTAL Monetary Expenditures To Date

\$        ,        , 41 . 09

### (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 Stephanie Morgan (2) I.D. Number 363  
 3/1/2018 through 3/31/2018  
 (3) Cover Period / / through / / (4) Page 1 of 1

| (5)<br>Date      | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Contributor<br>Type Occupation | (9)<br>Contribution<br>Type | (10)<br>In-kind<br>Description | (11)<br>Amendment | (12)<br>Amount |
|------------------|--|---------------------------------------|-----------------------------|--------------------------------|-------------------|----------------|
| 3/2/2018<br>/ /  | Southern Eagle<br>Distributing,<br>5300 Glades Cutoff Road<br>Fort Pierce, FL 34981            | B distributor                         | CH                          |                                |                   | \$500.00       |
| 1                |  |                                       |                             |                                |                   |                |
| 3/14/2018<br>/ / | Mascara, Ken J<br>Protected/Exempt<br>Fort Pierce, FL 34957                                    | I sheriff                             | CH                          |                                |                   | \$100.00       |
| 2                |  |                                       |                             |                                |                   |                |
| 3/26/2018<br>/ / | Hensley, Carl L<br>117 NE Surfside Avenue<br>Port St. Lucie, FL 34983                          | I retired                             | CH                          |                                |                   | \$100.00       |
| 3                |  |                                       |                             |                                |                   |                |
| / /              |  |                                       |                             |                                |                   |                |
| / /              |  |                                       |                             |                                |                   |                |
| / /              |  |                                       |                             |                                |                   |                |
| / /              |  |                                       |                             |                                |                   |                |
| / /              |  |                                       |                             |                                |                   |                |
| / /              |  |                                       |                             |                                |                   |                |
| / /              |  |                                       |                             |                                |                   |                |

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Stephanie Morgan

(2) I.D. Number 363

(3) Cover Period 3/1/2018 through 3/31/2018

(4) Page 1 of 1

| (5)<br>Date               | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Purpose<br>(add office sought if<br>contribution to a<br>candidate) | (9)<br>Expenditure<br>Type | (10)<br>Amendment | (11)<br>Amount |
|---------------------------|--|--|----------------------------|-------------------|----------------|
| (6)<br>Sequence<br>Number |  |  |                            |                   |                |
| 3/30/2018<br>/ /          | CenterState Bank,<br>5001 Okeechobee Road<br>Fort Pierce, FL 34947                             | fees   | MO                         |                   | \$9.95         |
| 1                         |  |  |                            |                   |                |
| / /                       |  |  |                            |                   |                |
| / /                       |  |  |                            |                   |                |
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| / /                       |  |  |                            |                   |                |
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| / /                       |  |  |                            |                   |                |