CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	Ken J. Mascara	OFFICE USE ONLY						
	Name	ONLINE SUBMISSION [1193043]						
(2)	PO Box 13416	Submitted on:						
	Address (number and street)	10/9/2019 10:29:56 (eastern)						
	Fort Pierce, FL 34979 City, State, Zip Code							
	☐ Check here if address has changed	(3) ID Number: 360						
(4)	_	(3) ID Number.						
(4)	Check appropriate box(es):							
								
	☐ 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						
Cove	er Period: From $9 / 1 / 2019$ To	9 / 30 / 2019 Report Type: M9						
X O	riginal Amendment Spr	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
		Monetary						
Casl	h & Checks \$,1 , <u>750</u> . <u>00</u>	Expenditures \$, ,000						
T	s \$, , 0.00	To a factor						
Loar	s , , , , 0 . <u>00</u>	Transfers to Office Account \$, , 0 . 00						
Tota	I Monetary \$, 1 , 750 . 00	,,,						
Tota	, ,	Total Monetary \$, , 0 . 00						
In-Ki	ind \$, , 0.00	, , , , , , , , , , , , , , , , , , , ,						
	, / /	(8) Other Distributions						
		\$,,000_						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$, <u>109</u> _, <u>500</u> <u>00</u> _	\$, <u>1</u> , <u>696</u> . <u>16</u>						
	(11) Cer	tification						
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	☐ Candidate ☐ Chairperson (only for PC and PTY)						
or	or electioneering comm.)							
Х	x x							
	gnature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Ken J. Mascar	a.			(2) I.D. Number _		360	
	9/1/2019			9/30/	2019				
(3) Cover Perio	d /	1	through	1	1	(4) Page	1	of $\frac{1}{}$	

(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	C Type	ontributor	Contribution Type	In-kind Description	Amendment	Amount
9/30/2019	Miranda, Don 10786 Grey Heron Ct Port St. Lucie, FL 34986	I	business owner	СН			\$500.0
9/30/2019	Gambina, Guiseppe 703 SW Goldshine Ct Palm City , FL 34990	I	business owner	СН			\$1,000.0
9/30/2019	Flowers, Eric 4700 W. Midway Rd Ft. Pierce, FL 34981	I	law enforcemer t	CH 1			\$250.0
1 1							
f f							
f f	_						
1 1							
1 1							

(1) Name <u>Ken</u> (CAMPAIGN TREASURER' J. Mascara	S REPORT – ITEMIZI	ED EXPENDIT (2) I.D. Number		360
	9/1/2019 /through_	9/30/2019	(4) Page1		0
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought contribution to a candidate)	if Expenditure Type	(10)	(11) Amount
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