	CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Cathy Townsend	OFFICE USE ONLY								
	Name	ONLINE SUBMISSION [1213304]								
(2)	474 Peninsula Drive	Submitted on:								
	Address (number and street)	6/28/2020 12:28:48 (eastern)								
	Fort Pierce, FL 34946  City, State, Zip Code									
	_	(2) ID Novelean 400								
	Check here if address has changed	(3) ID Number: 422								
(4)	Check appropriate box(es):	ninga piatuiat F								
	☐ Candidate Office Sought: County Commis ☐ Political Committee (PC) ☐ Elections or (ECC)	Check here if PC or ECO has disbanded								
	<ul><li>☐ Electioneering Communications Org. (ECO)</li><li>☐ Party Executive Committee (PTY)</li></ul>	☐ Check here if PTY has disbanded								
		☐ Check here if no other IE or EC reports will be filed								
	(5) Report	Identifiers								
Cov	er Period: From <u>6</u> / <u>13</u> / <u>202</u> 0 To	6 / 26 / 2020 Report Type:P2								
X O	riginal Amendment Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Casl	h & Checks \$ ,1 , 625 . 00	Monetary								
Loar		Transfers to Office Account \$ , , 0 . 00								
Tota	I Monetary \$ , 1 , 625 . 00	Total Monetary \$ , , 5 . 30								
In-Ki	sind \$,,,000	,, <u></u>								
		(8) Other Distributions \$ , , 000_								
(9)	TOTAL Monetary Contributions To Date \$ ,44 ,08800_	(10) TOTAL Monetary Expenditures To Date \$ , 5 , 349 48_								
(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:										
<b>/</b> T	ype name)	(Type name)								
	Individual (only for IE Treasurer Deputy Treasurer electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)								
_X		<u>x</u>								
Si	gnature	Signature								

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name	Cathy Townsen	d			(2	) I.D. Number _		422	
	6/13/202	0		6/26/	2020				
(3) Cover Perio	od /	1	through	1	1	(4) Page	1	of	1

(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	C Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
6/15/2020	Dabe, Kim 913 Graqnd Reserves Blvd Port St Lucie, FL 34986	Ī	retired	СН			\$125.0
6/22/2020	Chuck's Seafood Restaurant, 822 Seaway Drive Fort Pierce, FL 34949	В	restaurant	: CH			\$500.0
6/22/2020	U.S.1 Golf BBQ, 3847 N US #1 Fort Pierce, FL 34946	В	restaurant	CH			\$1,000.0
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## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Ca	thy	Townser	nd	A CONTRACTOR OF THE CONTRACTOR	1000000 TOTAL TOTA	757 798 718	 (2) I.D. Nun	nber	4	422	an an
		6/13/2	020		6/26/20	020		-			
(3) Cover Peri	iod	1	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
Date (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
6/15/2020	Anedot, Anedot 1920 McKinney Ave Dallas, TX 75201	service charge	MO		\$5.30
1	Darias, in 13201				
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DS-DE 14 (Rev.	44(4)				