CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) Curtis Johnso	on Jr.	OFFICE USE ONLY						
Name		ONLINE SUBMISSION [1214867]						
(2) 1501 N. 21st		Submitted on:						
Address (numbe Fort Pierce,	•	7/3/2020 12:26:23 (eastern)						
City, State, Zip C		<del></del>						
	address has changed	(3) ID Number: 444						
	•	(6)						
(4) Check appropriate box(es):    X Candidate Office Sought: City of Fort Pierce Commission, 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)								
	(5) Report	t Identifiers						
Cover Period: From								
☐ Original	Amendment Spe	ecial Election Report						
(6) Contributions T	his Report	(7) Expenditures This Report						
	S,,	Monetary Expenditures \$ , , _21 . 20						
Loans \$	S,,,	Transfers to Office Account \$ , , , 0 · 00						
Total Monetary \$ In-Kind \$	S , , 0 . 00 S , , 0 . 00	Total Monetary \$ , , _21 . 20						
TIT TATE	· · · · · · · · · · · · · · · · · · ·	(8) Other Distributions \$ , , 000_						
(9) TOTAL Monetary Contributions To Date \$,13 , _95120								
	. ,	tification son to falsify a public record (ss. 839.13, F.S.) rect, and complete:  (Type name)  Candidate Chairperson (only for PC and PTY)						
Signature		Signature						

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Curtis Johnson Jr.				2) I.D. Numbe	er <u>4</u>	44
	5/1/2020 od////		5	/31/2020 ///	(4) Pag	e	of
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &		(8) ontributor	(9) Contribution	(10) In-kind	(11)	(12)
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
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1 1							
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DS-DE 13 (Rev. 11/13 )

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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

(1) Name _	Curtis	Johnson	ı Jr.				 (2) I.D. Num	ber	4	444	39
		5/1/202	0		5/31/2	020	~ ~				
(3) Cover P	eriod	I	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
5/31/2020	, paypal P.O. Box 965005 Orlando, fl 32896	paypal credit card processing	MO	Add	\$21.20
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