

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Thomas C. Anthony Vincent
 Name
 (2) 543 SE Nome Dr.
 Address (number and street)
Port St. Lucie, FL 34984
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1205929]

Submitted on:
 5/6/2020 11:51:43 (eastern)

Check here if address has changed

(3) ID Number: 449

(4) Check appropriate box(es):

- Candidate Office Sought: City of Port St. Lucie, City Council District 4
- 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 4 / 1 / 2020 To 4 / 30 / 2020 Report Type: M4

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 0 . 00

Loans \$, , 0 . 00

Total Monetary \$, , 0 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 6 . 20

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 6 . 20

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 1 , 858 . 04

(10) TOTAL Monetary Expenditures To Date

\$, , 39 . 24

(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 Thomas C. Anthony Vincent (2) I.D. Number 449

4/1/2020 4/30/2020

(3) Cover Period ___ / ___ / ___ through ___ / ___ / ___ (4) Page 1 of 0

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Thomas C. Anthony Vincent

(2) I.D. Number 449

(3) Cover Period 4/1/2020 through 4/30/2020

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
4/11/2020 //	Stripe, 185 Berry Street Suite 550 Port St. Lucie, FL 94107	transaction fees	MO	Add	\$3.71
1					
4/12/2020 //	Stripe, 185 Berry Street Suite 550 Port St. Lucie, FL 94107	transaction fee	MO	Add	\$0.74
2					
4/29/2020 //	Stripe, 185 Berry Street Suite 550 Port St. Lucie, FL 94107	transaction fee	MO	Add	\$1.75
3					
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