

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) James Mason
 Name
 (2) 2605 S 15th St
 Address (number and street)
Fort Pierce, FL 34982
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1229032]

Submitted on:
 9/2/2020 16:44:48 (eastern)

Check here if address has changed (3) ID Number: 462

(4) Check appropriate box(es):

Candidate Office Sought: City of Fort Pierce, Mayor

Political Committee (PC) Check here if PC or ECO has disbanded

Electioneering Communications Org. (ECO) Check here if PTY has disbanded

Party Executive Committee (PTY) Check here if no other IE or EC reports will be filed

Independent Expenditure (IE) (also covers an individual making electioneering communications)

(5) Report Identifiers

Cover Period: From 8 / 18 / 2020 To 11 / 16 / 2020 Report Type: TR3

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 \$, , 104 . 82

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 104 . 82

(8) Other Distributions
 \$, , 0 . 00

(9) TOTAL Monetary Contributions To Date
 \$, 1 , 000 . 00

(10) TOTAL Monetary Expenditures To Date
 \$, 1 , 000 . 00

(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 James Mason (2) I.D. Number 462

(3) Cover Period 8/18/2020 through 11/16/2020 (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 James Mason

(2) I.D. Number 462

(3) Cover Period 8/18/2020 through 11/16/2020

(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 | | | | | |
| 9/2/2020 // | mason, james robert 2605 S. 15th Street Fort Pierce, Fl 34982 | repayment of loan | RM | Add | \$104.82 |
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CAMPAIGN TREASURER'S REPORT – FUND TRANSFERS

(1) Name James Mason

(2) I.D. Number 462

(3) Cover Period 8/18/2020 through 11/16/2020

(4) Page 1 of 1

| (5) Date | (7) Name of Financial Institution Street Address & City, State, Zip Code | (8) | (9) | (10) | (11) |
|------------------------|---|---------------|-------------------|-----------|----------|
| (6) Sequence Number | | Transfer Type | Nature of Account | Amendment | Amount |
| 9/2/2020 | PNC Bank, 500 Virginia Ave Fort Pierce, Fl 34982 | TO | loan repayment | Add | \$104.82 |
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