

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Donna Diehl Benton
 Name

(2) 1365 Bayshore Dr
 Address (number and street)

Fort Pierce, F 34949
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1232199]

Submitted on:
 9/25/2020 15:46:59 (eastern)

Check here if address has changed (3) ID Number: 464

(4) Check appropriate box(es):

Candidate Office Sought: City of Fort Pierce, Mayor

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 9 / 5 / 2020 To 9 / 18 / 2020 Report Type: G3

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, 2 , 800 . 00

Loans \$, , 0 . 00

Total Monetary \$, 2 , 800 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 0 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 0 . 00

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

(9) TOTAL Monetary Contributions To Date
 \$, 17 , 300 . 00

(10) TOTAL Monetary Expenditures To Date
 \$, 11 , 808 . 75

(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 Donna Diehl Benton (2) I.D. Number 464
 9/5/2020 9/18/2020
 (3) Cover Period / / through / / (4) Page 1 of 2

(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
(6) Sequence Number		Type	Occupation				
9/8/2020 / /	Privateer, Laurie 1751 Copenhaver Rd Fort Pierce, FL 34945	I	office manager	CH			\$300.00
1							
9/8/2020 / /	Robinson II, William Blades PO Box 1616 Vero Beach, FL 32961	I		CH			\$50.00
2							
9/8/2020 / /	Parry, John 2203 S. Indian River Dr Fort Pierce, FL 34960	I	retired	CH			\$500.00
3							
9/14/2020 / /	Larry Onorato Pool Service LLC, 1651 Thumb Point Dr Fort Pierce, FL 34949	B	pool service	CH			\$100.00
4							
9/14/2020 / /	Chalasanani, Prasad 1900 Nebraska Av Fort Pierce, FL 34950	I	physician	CH			\$500.00
5							
9/14/2020 / /	Shaw, Dorothy A. 1506 Edgevale Rd Fort Pierce, FL 34982	I	administra tive asst.	CH			\$300.00
6							
9/14/2020 / /	Three G's Inc, 3054 N. US Hwy 1 Fort Pierce, FL 34946	B	heating & a/c services	CH			\$100.00
7							
9/16/2020 / /	Young, Eric K. 2968 Bent Pine Dr Fort Pierce, FL 34951	I	physician	CH			\$500.00
8							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Donna Diehl Benton (2) I.D. Number 464
 (3) Cover Period 9/5/2020 through 9/18/2020 (4) Page 2 of 2

(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
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
9/16/2020 / /	Wink, Bill 355 S. Ocean Dr #809 Fort Pierce, FL 34949	I		CH			\$50.00
9							
9/18/2020 / /	Piney River Bluffs LLC, 2400 S. Ocean Dr #4200 D Fort Pierce, FL 34949	B	real estate	CH			\$100.00
10							
9/18/2020 / /	Coke, Christine 1110 Granada St Fort Pierce, FL 34949	I	entreprene ur	CH			\$100.00
11							
9/18/2020 / /	Geesey, Lisa Susnar 2340 S. Ocean Dr Palm Beach, FL 33480	I	entreprene ur	CH			\$100.00
12							
9/18/2020 / /	Howe, Patricia A. 4072 Oak Hammock Ln Fort Pierce, FL 34981	I		CH			\$100.00
13							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Donna Diehl Benton

(2) I.D. Number 464

(3) Cover Period 9/5/2020 through 9/18/2020

(4) Page 1 of 0

(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					
/ /					
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