	CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Shannon M. Martin	OFFICE USE ONLY								
	Name	ONLINE SUBMISSION								
(2)	121 SW Port St. Lucie Blvd.	Submitted on:								
	Address (number and street)	9/7/2021 19:52:13 (eastern)								
	Port St. Lucie, FL 34984 City, State, Zip Code									
	_	(2) ID Number: 512								
/ A\	Check here if address has changed	(3) ID Number: 512								
(4)	Check appropriate box(es): Candidate Office Sought: City of Port St. Lucie, Mayor Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if PC or ECO has disbanded 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 8 / 1 / 2021 To									
		ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
	h & Checks \$,4 , 625 . 00	Monetary Expenditures \$, , , 0 . 00								
Loar		Transfers to Office Account \$, , , 0 . 00								
	I Monetary \$,4 , 625 . 00	Total Monetary \$, , , 0 . 00								
In-Ki	mα Ψ,, <u>σ</u> . <u>σσ</u> .	(8) Other Distributions \$, , 000								
(9)	9) TOTAL Monetary Contributions To Date \$,15_,50013_									
(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										
	gnature	Signature								

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) NameSha	annon M. M	Martin			(2) I.D. Number _		512	
	8/1/202	1		8/31/	2021				
(3) Cover Period	1	1	through	1	1	(4) Page	1	of	2

Sequence Number	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
(6) (l Sequence Number	Last, Suffix, First, Middle)						
Sequence Number	2 78 70 10 50						
Number	Street Address &	C	ontributor	Contribution	In-kind		
	City, State, Zip Code	Туре	Occupation	Type	Description	Amendment	Amount
B.	irke, Ken	I	оссирацен	CH	Becompain		\$100.00
8/5/2021 10	0464 SW West Lawn Blvd						
Po	ort St. Lucie, FL 34987						
1							
Sc / 5 / 00 0 1	and & Hills	В	surveying	СН			\$1,000.00
8/5/2021 Si	urveying Inc., 675 Calumet Cir						
	ake Worth, FL 33467						
2							
8/5/7071	mith, Gary	I	retired	СН			\$500.00
, , 99	94 SW Tuscany Dr ort St. Lucie, FL 34986						
	Sie Be. Baere, 1E 31900						
3							
8/5/2021 Pa	alestrant, MD, Ken	I	doctor	CH			\$250.00
6 8	52 SE Calmo Cir						
Po	ort St. Lucie, FL 34984						
4							
8/5/2021	ennings, Larry 68 NE Camelot Dr	I		CH			\$25.00
	ort St. Lucie, FL 34983						
_							
5							
	EOD A DE			CII			#E00.00
8/5/2021 17	FOPAPE , 700 NW 66th Ave Ste 100	0	pac	CH			\$500.00
/Ft	t. Lauderdale , FL 33313						
6							
Ma Ma	ark Schug	I	consultant	CH			\$250.00
8/23/2021 Co	onsulting,						
	174 Celeste Ln ort St. Lucie, FL 34953						
7							
9 / 22 / 2021 Ro	odriguez, Steve	I	director	СН			\$500.00
8/23/2021	38 Duxbury Ave ort St. Lucie, FL 34983		of operations				
			-p14-0115				
8							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Shannon	M. M	Martin			(2) I.D. Number _		512		
	8/1	/202	1		8/31/	2021					
(3) Cover Peri	od	1	1	through	7	7	(A) Page	2	of	2	

(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)	
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Contributor Type Occupation		Contribution Type	In-kind Description	Amendment	Amount	
8/23/2021 / /	DiClemente, Anthony 5602 Sunshine Farms Way Palm City, FL 34990	r I	manager	СН			\$500.0	
8/23/2021 / /	Wynne, Alec 22500 Okeechobee Rd Fort Pierce, FL 34945	I	project manager	СН			\$500.0	
8/23/2021 / /	Wynne Building Corporation, 8000 South Federal Highway Port St. Lucie, FL 34952		constructi on/builder				\$500.0	
I I								
1 1								
<i>f</i> 1								
1 1								
1 1								

(1) Name Shanr	CAMPAIGN TREASURER'S		IIZED EXPENDITURES (2) I.D. Number 512		
	8/1/2021 /through	8/31/2021	4) Page <u>1</u>		0
(5) Date	(7) Full Name	(8) Purpose	(9)	(10)	(11)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
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