CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Fritz Masson Alexandre	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION							
(2)	1302 SW Paar Dr	Submitted on:							
	Address (number and street)	6/24/2022 23:05:13 (eastern)							
	Port St. Lucie, FL 34953								
	City, State, Zip Code								
	Check here if address has changed	(3) ID Number:514							
(4)	Check appropriate box(es):								
	 ☐ Candidate Office Sought: City of Port St. Lucie, City Council District 3 ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications) ☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed 								
	(5) Report	Identifiers							
Cove	er Period: From 6 $\frac{1}{2022}$ To	6 / 17 / 2022 Report Type: P1							
		ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Casl	n & Checks \$, , ,000	Monetary							
Loar		Transfers to Office Account \$, , , 0 . 00							
Tota	I Monetary \$, , <u>500</u> . <u>00</u>	Total Manadage 0							
In-Ki	and \$,,,000	Total Monetary \$, , <u>569</u> . <u>71</u>							
		(8) Other Distributions \$, , 000_							
(9)	TOTAL Monetary Contributions To Date \$	(10) TOTAL Monetary Expenditures To Date \$, ,56971							
(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.) Deputy Treasurer or electioneering comm.) Candidate Chairperson (only for PC and PTY)									
X		X							
Si	gnature	Signature							

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Fritz Masson Alexan	dre		(2) I.D. Numbe	er <u>5</u>	14	
	6/1/2022 od / /		6	/17/2022	(4) Pag	ie ¹	of ¹	
(5) Date	(7) Full Name	T	(8)	(9)	(10)	(11)	(12)	
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code		ntributor Occupation	Contribution Type	In-kind Description	Amendment	Amount	
6/14/2022	Alexandre, Fritz Masson 1302 SW Paar Dr Port St Lucie, FL 34953	l i	hiropract c ssistance				\$500.0	
1 1								
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J J								
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	Fritz	Masso	n A	lexa	ndre		100 PER 100	 (2) I.D. Nun	nber		514	r
		6/1/2	202	2		6/17/2	2022	* *				
(3) Cover Po	eriod	1		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
6/15/2022	City of Port St. Lucie, 121 SW Port St. Lucie Blvd	qualifying fee	MO		\$569.71
1	Port St. Lucie, FL 34984				
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DS-DE 14 (Rev	1	1		<u> </u>	