

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Stephanie Morgan  
 Name  
 (2) 6575 NW Pomona Ct  
 Address (number and street)  
Port St Lucie, FL 34983  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1249743]

Submitted on:  
 10/4/2021 15:56:16 (eastern)

Check here if address has changed (3) ID Number: 528

(4) Check appropriate box(es):

Candidate Office Sought: City of Port St. Lucie, City Council District 1

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 / 1 / 2021 To 9 / 30 / 2021 Report Type: M9

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$      ,      , 200 . 00

Loans \$      ,      , 0 . 00

Total Monetary \$      ,      , 200 . 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**  
 \$      ,      , 1 , 450 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$      ,      , 40 . 30

### (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 Stephanie Morgan (2) I.D. Number 528

(3) Cover Period 9/1/2021 through 9/30/2021 (4) Page 1 of 1

(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							
9/13/2021 / /	King, James 474 Peninsula Drive Fort Pierce, FL 34946	I	mechanic	CH			\$100.00
1							
9/20/2021 / /	Sanders, Marvin 5427 Stately Oaks Street Fort Pierce, FL 34981	I	administra tor	CH			\$100.00
2							
/ /							
/ /							
/ /							
/ /							
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/ /							
/ /							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Stephanie Morgan

(2) I.D. Number 528

(3) Cover Period 9/1/2021 through 9/30/2021

(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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