

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) James Clasby  
 Name  
 (2) 355 S Ocean Dr, Apt 101  
 Address (number and street)  
Fort Pierce, FL 34949  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1251399]

Submitted on:  
 11/9/2021 16:54:35 (eastern)

Check here if address has changed

(3) ID Number: 529

(4) Check appropriate box(es):

- Candidate Office Sought: City of Fort Pierce Commission, District 2
- 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 10 / 1 / 2021 To 10 / 31 / 2021 Report Type: M10

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$        ,        , 76 . 00

Loans \$        ,        , 0 . 00

Total Monetary \$        ,        , 76 . 00

In-Kind \$        ,        , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures \$        ,        , 50 . 64

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 50 . 64

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        ,        , 7 , 488 . 76

### (10) TOTAL Monetary Expenditures To Date

\$        ,        , 906 . 92

### (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 Clasby (2) I.D. Number 529

(3) Cover Period 10/1/2021 through 10/31/2021 (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							
10/15/2021 / /	Bonna, Anthony 844 SW Tulip Blvd Port St Lucie, FL 34953	I	partner developmen t	CH			\$26.00
1							
10/24/2021 / /	Heller, Josh 513 Southwest South Riverpoint Drive Stuart, FL 34994	I	attorney	CH			\$50.00
2							
/ /							
/ /							
/ /							
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/ /							
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name James Clasby

(2) I.D. Number 529

(3) Cover Period 10/1/2021 through 10/31/2021

(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					
10/16/2021 / /	Staples, 2609 South Federal Highway Fort Pierce, FL 34982	office supplies	MO		\$6.40
1					
10/31/2021 / /	Anedot, Inc., 1340 Poydras Street Suite 1770 New Orleans, LA 70112	online contribution transaction fee	MO		\$44.24
2					
/ /					
/ /					
/ /					
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/ /					
/ /					