	CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Michael Charles Moses	OFFICE USE ONLY								
	Name	ONLINE SUBMISSION								
(2)	452 SE Seabreeze Ln.	Submitted on:								
	Address (number and street)	7/28/2022 12:55:44 (eastern)								
	Port St. Lucie, FL 34983									
	City, State, Zip Code	(2) ID New Joseph 2010								
	Check here if address has changed	(3) ID Number: 549								
(4)	Check appropriate box(es):									
	<ul> <li>☐ Candidate Office Sought: City of Port St. Lucie, Mayor</li> <li>☐ Political Committee (PC)</li> <li>☐ Electioneering Communications Org. (ECO)</li> <li>☐ Party Executive Committee (PTY)</li> <li>☐ Check here if PTY has disbanded</li> <li>☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)</li> <li>☐ Check here if no other IE or EC reports will be filed</li> </ul>									
	(5) Report	Identifiers								
Cove	er Period: From 7 / 16 / 2022 To									
<u>X</u> 0	riginal Amendment Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Casl	Cash & Checks \$ , , <u>200</u> . <u>00</u> Monetary Expenditures \$ , <u>4</u> , <u>341</u> . <u>05</u>									
Loar		Transfers to Office Account \$ , , , 0 . 00								
Tota	I Monetary \$ , , <u>200</u> . <u>00</u>	Tatal Manadana								
In-Ki	ind \$,, <u>0</u> .00	Total Monetary \$ ,4 , 341 . 05								
		(8) Other Distributions \$ , , 000_								
(9)	(9) TOTAL Monetary Contributions To Date \$,6,11000									
(T	(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									
_X		X								
Si	gnature	Signature								

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name	r	549				
(3) Cover Perio	7/16/2022 od///	through	//22/2022 //////	(4) Pag	e <u>1</u>	of
(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	In-kind Description	Amendment	Amount

Date	Full Name		(-)	(2)	( )	X : 2	(-)
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &	Co	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
7/20/2022	Messer, Roger 1172 SW Mirror Lake CV Port Saint Lucie, Fl 34986	Ĭ		СН			\$100.00
1							
7/22/2022 / /	Jefferson, Gail 10387 SW Landry Lane Port Saint Lucie, FL 34987	I		СН			\$100.00
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/ /							
DS DE 12 /Poy 11/1					AND CODE VAL	1202-649	2

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name	ichael	Charl	es Mo	ses			(2	) I.D. Nur	nber	Į.	549	
		7/16/2	022		7/22/20	022		7				
(3) Cover Pe	riod	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
7/20/2022	, ADM 3892 Prospect Ave. West Palm Beach, Fl 33404	mailing	MO		\$4,341.05
1	west raim beach, F1 33404			5	
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DS-DE 14 (Rev					