

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Robert Johnson
 Name

(2) 5264 NW Wisk Fern Cir
 Address (number and street)

Port St Lucie, FL 34986
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1288910]

Submitted on:
 11/25/2022 21:54:39 (eastern)

Check here if address has changed (3) ID Number: 589

(4) Check appropriate box(es):

Candidate Office Sought: City of Port St. Lucie, Mayor

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 8 / 23 / 2022 To 11 / 21 / 2022 Report Type: TR3

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 0 . 00

Loans \$, , 0 . 00

Total Monetary \$, , 0 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 42 . 81

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 42 . 81

(8) Other Distributions
 \$, , 0 . 00

(9) TOTAL Monetary Contributions To Date
 \$, 1 , 405 . 00

(10) TOTAL Monetary Expenditures To Date
 \$, 1 , 200 . 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 Robert Johnson (2) I.D. Number 589

8/23/2022 through 11/21/2022

(3) Cover Period _____ / _____ / _____ through _____ / _____ / _____ (4) Page 1 of 0

(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
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Robert Johnson

(2) I.D. Number 589

(3) Cover Period 8/23/2022 through 11/21/2022

(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
11/21/2022 / /	Johnson, Robert S 5264 NW Wisk Fern Cir Port Saint Lucie, FL 34986	refunding myself remaining funds.	RE		\$42.81
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