

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Jolien M Caraballo  
 Name  
 (2) 950 SE Browning Ave  
 Address (number and street)  
Pt St Lucie, FL 34983  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1301515]

Submitted on:  
 1/3/2024 12:06:27 (eastern)

Check here if address has changed (3) ID Number: 630

(4) Check appropriate box(es):

Candidate Office Sought: City of Port St. Lucie, City Council District 4

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 / 2023 To 12 / 31 / 2023 Report Type: Q4

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$      ,      , 0 . 00

Loans \$      ,      , 100 . 00

Total Monetary \$      ,      , 100 . 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**  
 \$      ,      , 100 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$      ,      , 0 . 00

### (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 Jolien M Caraballo (2) I.D. Number 630

(3) Cover Period 10/1/2023 through 12/31/2023 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
12/22/2023 / /	Caraballo, Jolien ***Protected Voter***	S	candidate	LO			\$100.00
1							
/ /							
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Jolien M Caraballo

(2) I.D. Number 630

(3) Cover Period 10/1/2023 through 12/31/2023

(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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