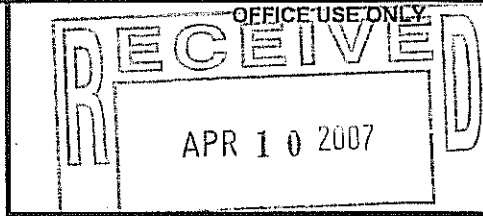


**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS  
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Citizens for Trauma Care  
Name  
(2) Post Office Box 956  
Address (number and street)  
 Ft. Pierce, FL 34954-0956  
City, State, Zip Code



CHECK IF ADDRESS HAS CHANGED

(4) Check appropriate box(es):  
 Candidate (office sought): \_\_\_\_\_  
 Political Committee  
 Committee of Continuous Existence  
 Party Executive Committee  
 Electioneering Communication

(3) ID Number: GERTRAUDE WALKER  
SUPERVISOR OF ELECTIONS ST. LUCIE CO.

CHECK IF PC HAS DISBANDED  
 CHECK IF CCE HAS DISBANDED  
 CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 01/01/07 To 03/31/07 Report Type Quarterly  
 Original     Amendment     Special Election Report     Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks	\$	<u>6,120.00</u>
Loans	\$	_____
Total Monetary	\$	_____
In-Kind	\$	<u>38.00</u>

(7) EXPENDITURES THIS REPORT

Monetary Expenditures	\$	<u>00</u>
Transfers to Office Account	\$	<u>00</u>
Total Monetary	\$	<u>00</u>

(8) Other Distributions  
\$ \_\_\_\_\_ 00

(9) TOTAL Monetary Contributions To Date  
\$ \_\_\_\_\_ 6,158.00

(10) TOTAL Monetary Expenditures To Date  
\$ \_\_\_\_\_ 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) Beth Williams  
 Individual (only for electioneering commun.)     Treasurer     Deputy Treasurer

X Beth Williams  
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Vernon Smith  
 Candidate     Chairperson (only for PC, PTY & electioneering commun. organization)

X [Signature]  
Signature

**CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS**

(1) Name Citizens for Trauma Care (2) I.D. Number \_\_\_\_\_

(3) Cover Period 01/01/07 through 03/31/07 (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		Type	Occupation	Type	Description		Amount
03/09/07 1	Beth Williams 203 Marina Dr. Ft. Pierce, FL 34949	I	Hospital P.R.	INK	P.O. Box Rental		38.00
03/16/07 2	Tom Pentz 142 Godfrey Rd. Edgewater, FL 32141	I	Hospital CEO	CHE			5,000.00
03/27/07 3	G.E. Fisher P.O. Box 3568 Ft. Pierce, FL 34948	I	Retired	CHE			20.00
03/28/07 4	Beth Williams 203 Marina Dr. Ft. Pierce, FL 34949	I	Hospital P.R.	CHE			100.00
03/28/07 5	Brian Baumgardner 6260 SW Market St. Palm City, FL 34990	I	Hospital C.O.O.	CHE			1,000.00
1 / 1							
1 / 1							
1 / 1							