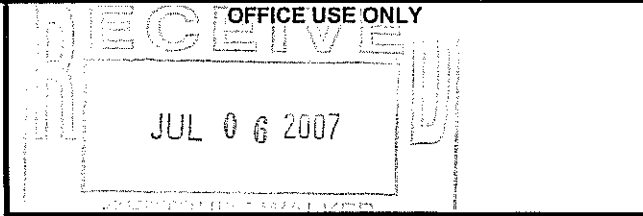


**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Citizens for Trauma Care
Name
(2) P.O. Box 956
Address (number and street)
Ft. Pierce, FL 34950
City, State, Zip Code



CHECK IF ADDRESS HAS CHANGED

(3) ID Number: SECTION 10 ST. LUCIE CO.

(4) Check appropriate box(es):
 Candidate (office sought): _____
 Political Committee CHECK IF PC HAS DISBANDED
 Committee of Continuous Existence CHECK IF CCE HAS DISBANDED
 Party Executive Committee
 Electioneering Communication CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 06/22/07 To 06/30/07 Report Type Quarterly
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks	\$	_____	_____	_____	<u>0</u>
Loans	\$	_____	_____	_____	<u>0</u>
Total Monetary	\$	_____	_____	_____	<u>0</u>
In-Kind	\$	_____	_____	_____	<u>0</u>

(7) EXPENDITURES THIS REPORT

Monetary Expenditures	\$	_____	_____	_____	<u>0</u>
Transfers to Office Account	\$	_____	_____	_____	<u>0</u>
Total Monetary	\$	_____	_____	_____	<u>0</u>

(8) Other Distributions
\$ _____ 0

(9) TOTAL Monetary Contributions To Date
\$ _____ 52,590.00

(10) TOTAL Monetary Expenditures To Date
\$ _____ 52,484.24

(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