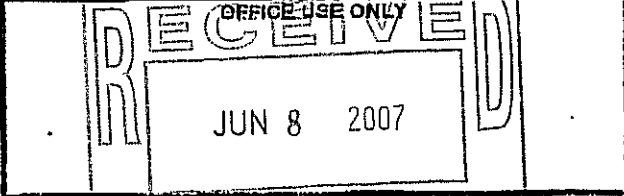


FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Citizens for Trauma Care
Name
(2) P.O. Box 956
Address (number and street)
Fort 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: BERTHUNE 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 04/01/07 To 06/08/07 Report Type SE 1
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks	\$	<u>27,007.00</u>
Loans	\$	<u>00</u>
Total Monetary	\$	<u>27,007.00</u>
In-Kind	\$	<u>00</u>

(7) EXPENDITURES THIS REPORT

Monetary Expenditures	\$	<u>32,227.89</u>
Transfers to Office Account	\$	<u>00</u>
Total Monetary	\$	<u>32,227.89</u>

(8) Other Distributions \$ 00

(9) TOTAL Monetary Contributions To Date
\$ 33,165.00

(10) TOTAL Monetary Expenditures To Date
\$ 32,227.89

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 838.13, F.S.)

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

(Type name) Both Williams
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer
Both 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)
[Signature]
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 04/01/07 through 06/08/07 (4) Page 1 of 5

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9)	(10)	(11)	(12)
		Type	Occupation	Contribution Type	In-kind Description	Amendment	Amount
04, 02, 07 1	Flora Kramer 3067 Charles Way Fort Pierce, 34946	I	Retiree	CH			100.00
04, 05, 07 2	Karen Piner 600 Treasure Cay Ft. Pierce 34947	I	Hospital emp.	CH			25.00
04, 05, 07 3	Dan Piner 600 Treasure Cay Ft. Pierce 34947	I	Flight instructor	CH			25.00
04, 05, 07 4	Jean McKean 816 SE Ewyuan PSL 34983	I	Retired	CH			2.00
04, 12, 07 5	Bruno Dupree 2690 71st Circle Vero Beach 32966	I	Nurse	CH			1,000.00
04, 08, 07 6	Karl Williams 203 Marina Dr. Ft. Pierce 34949	I	Banker	CH			50.00
04, 17, 07 7	Marge Humphrey 5775 Eskimo PSL 34986	I	Nurse	CH			25.00
04, 12, 07 8	Pam Burchell 1700 23rd St. Ft. Pierce	I	Human Resource	CH			25.00

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 04/01/07 through 06/08/07 (4) Page 2 of 5

(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
04/17/07	Nina Jackson 1637 Lamollee Ft. Pierce, 34950	I	Retired	CH			25. ⁰⁰
9							
04/12/07	Harry Buckell PO Box 37 Hobe Sound 33475	I	Construction	CH			25. ⁰⁰
10							
04/17/07	Maxine Daves 911 Ohio Ave Ft. Pierce 34950	I	Retired	Cash			10. ⁰⁰
11							
04/17/07	Nancy Galkin 2302 Sunrise Ft. Pierce 34982	I	Secretary	CH			10. ⁰⁰
12							
04/18/07	JPGibson 280 Lamont Ft. Pierce 34947	I	Retired	CH			50. ⁰⁰
13							
04/14/07	Grace Ann Scott 4336 Gator Trace Ft. Pierce 34982	I	Secretary	CH			50. ⁰⁰
14							
04/13/07	Cindy Norris 1578 Thumb Pt Ft. Pierce 34949	I	Nurse	CH			100. ⁰⁰
15							
04/18/07	Liz Ringwood 555 A Pleasant Ft. Pierce 34950	I	Nurse	CH			100. ⁰⁰
16							

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Citizens for Transcend Care (2) I.D. Number _____

(3) Cover Period 04/01/07 through 06/08/07 (4) Page 3 of 5

(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	Amendment	Amount
04/25/07 17	Bill Barry 439 S. Quick Circle PSL 34953	I	Asst Hospital Director	CH			100. ⁰⁰
04/25/07 18	Gary Cantrell 11123 Landford PSL 34986	I	Hosp. CEO	CH			1,000. ⁰⁰
04/29/07 19	Realtors PC of FL PO Box 725025 Orlando, FL 32872	C	Organiza Realtors	CH			5,000.
04/25/07 20	Riverside N.B. 2211 Oklawaha Ft. Pierce 34950	B	Bank	CH			5,000.
04/25/07 21	Mary McGrath 1866 1st St. Vero Beach 32962	I	Lab Director	CH			100. ⁰⁰
04/30/07 22	Jean McKeon 876 Evergreen PSL 34983	I	Ret.	CH			10.00
05/01/07 23	Timesaver Food 2178 Reserve Park PSL 34986	B	Convenience Stores	CH			2,500.
05/17/07 24	Frank Fee 401 Indian River Ft. Pierce 34950	I	Attorney	CH			250. ⁰⁰

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 04/01/07 through 06/08/07 (4) Page 4 of 5

(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	Amendment	Amount
05/08/07 25	Irene Kandill 1708 Ponce de Leon F.P. 34982	I	Retired	CH			25.00
05/18/07 26	William Denna Hower 809 Indian Rmvd. FP 34950	I	Retired	CH			100.00
05/21/07 27	Vernon Smith 3150 A1A Ft. Pierce 34949	I	Banker	CH			1,000.00
05/17/07 28	John Minton PO Box 670 Ft. Pierce 34954	I	Attorney	CH			100.00
05/24/07 29	Doug Gilbert 7379 Reserve Creek PSC 34986	I	Banker	CH			200.00
05/21/07 30	Sarah Richeson PO Box 3686 Ft. Pierce, FL 34948	I	unknown	CH			50.00
05/25/07 31	Michael Fowler 1680 SW St. Lucie Blvd PSC 34986	B	Charter	CH			100.00
05/30/07 32	All County Ambulance 6605 NW 74th Miami, FL 33166	B	Ambulance Company	CH			5,000.

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 04/01/07 through 06/08/07 (4) Page 5 of 5

(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	Amendment	Amount
05, 25, 07 33	MTA Construction 1960 Chandler Dr. Pelham, AL 35124	B	Construction	CH			2,000.
06, 05, 07 34	Todd Volinsky 1669 Brandywine West Palm Bch	I	Pharmaceutical Rep	CH			100. ⁰⁰
05, 30, 07 35	Ken Harley 1629 Prime Ct Orlando, FL 32809	B	Electric Co.	CH			250. ⁰⁰
05, 30, 07 36	Angelica 1105 Lakewood Pl Alpharetta, GA 30004	B	Linen Co.	CH			500. ⁰⁰
05, 30, 07 37	Wilson's Petroleum 1800 S 37th St. Ft. Pierce 34947	B	Petroleum Equipment	CH			500. ⁰⁰
05, 25, 07 38	1st Management 934 Glenwood Atlanta, GA 30316	B	Managemt Co	CH			500. ⁰⁰
05, 31, 07 39	HHS 322 Congress Ave Austin, TX 78701		Housekeepin Services	CH			1000. ⁰⁰
1 1							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

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

(3) Cover Period 04, 07, 107 through 06, 08, 107 (4) Page 1 of 2

(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
04, 09, 07	Nolan Group 431 12th St. Bradenton, FL 34205	Voter Data Base Management	Mon		3,800
1					
5, 16, 07	City of PSL 121 SW PSL Blvd. PSL, FL 34984	Permit for signs	mon		25.00
2					
05, 16, 07	City of PSL 121 SW PSL Blvd PSL, FL 34984	Bond for Political Sign Deposit	Mon		100.00
3					
05, 18, 07	Nolan Group 431 12th St. Bradenton, FL 34205	Window clings	Mon		1,015.48
4					
05, 18, 07	Nolan Group 431 12th St. Bradenton, FL 34205	Signs	Mon		14,230.24
5					
05, 18, 07	Nolan Group 431 12th St. Bradenton, FL 34205	Embroiderment on volunteer Cards	mon		1,350.00
6					
6, 10, 07	Nolan Group 431 12th St. Bradenton, FL 34205	postage	Mon		851.77
7					
6, 10, 07	Nolan Group 431 12th St. Bradenton, FL 34205	Brochures	Mon		10,252.
8					

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

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

(3) Cover Period 04/01/07 through 06/08/07 (4) Page 2 of 2

(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					
06, 08, 07 9	Nolan Group 431 124 th St. Brooklyn, RI 02805	postage	Mer		573.40
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