

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

(1) St. Lucie Association PC

Name

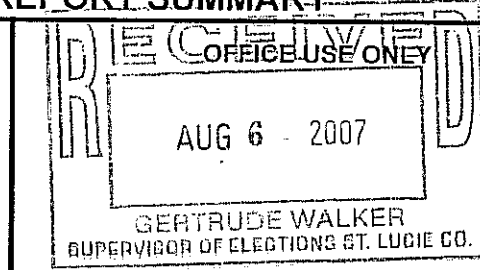
(2) 1611 Surfside DR

Address (number and street)

H. Pierce, FL 34949

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED



(3) ID Number: 264.38.1704

(4) Check appropriate box(es):

Candidate (office sought): \_\_\_\_\_

Political Committee

Committee of Continuous Existence

Party Executive Committee

Electioneering Communication

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 6 12 1 07 To 8 1 6 1 07 Report Type FINAL

Original  Amendment  Special Election Report  Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ \_\_\_\_\_

Loans \$ \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_

In-Kind \$ \_\_\_\_\_

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 196.15

Transfers to Office Account \$ \_\_\_\_\_

Total Monetary \$ 196.15

(8) Other Distributions

\$ \_\_\_\_\_

(9) TOTAL Monetary Contributions To Date

\$ 9,420.00

(10) TOTAL Monetary Expenditures To Date

\$ 9,420.00

(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) Jean Ellen Wilson

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

**X** Jean Ellen Wilson  
Signature

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

(Type name) Richard Lee Wilson

Candidate  Chairperson (only for PC, PTY & electioneering commun. organization)

**X** Richard Lee Wilson  
Signature

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

(1) Name St. Lucie Association PC

(2) I.D. Number 264.38.1704

(3) Cover Period 6, 21, 07 through 8, 6, 07

(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
01011	RICHARD WILSON 1611 Surfside DR Ft. Pierce, FL 34949	Reimburse- ment of unused CONTRIBUTION	CHK		100.00
01012	St. Lucie Assn P.O. Box 2422 Ft. Pierce, FL 34952	"	"		96.15
11					
11					
11					
11					
11					
11					

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

(1) Name St. Lucie Association

(2) I.D. Number 264.38.1704

(3) Cover Period 6, 21, 07 through 8, 6, 07

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
		Type	Occupation				
///	O						
///	O						
///	O						
///	O						
///	O						
///	O						
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