

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

(1) St. Lucie Association PC

Name

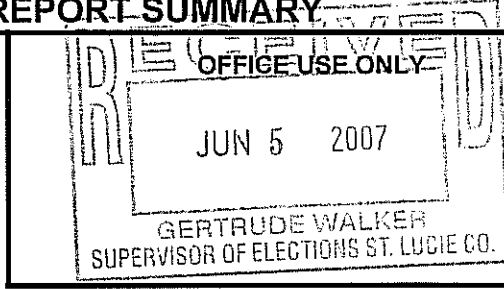
(2) 1611 Surfside DR.

Address (number and street)

Ft. 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 4 1 1 07 To 6 1 1 07 Report Type SE 1

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 120.00

Loans \$ _____

Total Monetary \$ _____

In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 0

Transfers to Office Account \$ _____

Total Monetary \$ _____

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ 120.00

(10) TOTAL Monetary Expenditures To Date

\$ 0

(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

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)

Richard Lee Wilson
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name St. Lucie Association PC (2) I.D. Number 264.38, 1704

(3) Cover Period 4 1 1 07 through 6 1 1 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
5, 17, 107	WILSON, R. E 1611 Surfside DR Ft. Pierce, FL 34949	I	MER	CAS			\$100.00
5, 17, 107	WILSON, JEAN E 1611 Surfside DR Ft. Pierce, FL 34949	I	Retired	CAS			\$ 20.00
1 1							
1 1							
1 1							
1 1							
1 1							
1 1							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name S. Lucie Association PC

(2) I.D. Number 264.38.1704

(3) Cover Period 4/1/07 through 6/1/07

(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
(6) Sequence Number					
11	NONE				
11					
11					
11					
11					
11					