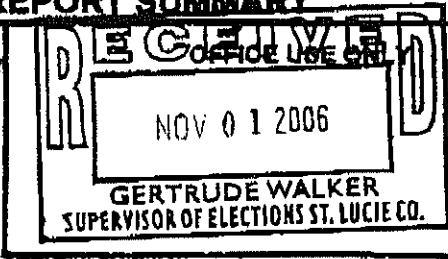


FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS  
CAMPAIGN TREASURER'S REPORT SUMMARY



(1) Democratic Retirees Club of St. Lucie City  
Name  
(2) P.O. Box 12456  
Address (number and street)  
Fort Pierce, FL 34974  
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: \_\_\_\_\_

- (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 10 / 14 / 0 To 11 / 02 / 06 Report Type G4  
 Original  Amendment  Special Election Report  Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 40.00

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

Total Monetary \$ 40.00

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

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 40.00

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

Total Monetary \$ 40.00

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

(9) TOTAL Monetary Contributions To Date  
\$ 9467.50

(10) TOTAL Monetary Expenditures To Date  
\$ 8513.20

(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) MONROE HORN

Individual (only for electioneering comm.)  Treasurer  Deputy Treasurer

X

Signature

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

(Type name) ROB CHRISTIAN

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

X \_\_\_\_\_

Signature

### CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Democratic Business Club of St Lucie City (2) I.D. Number \_\_\_\_\_

(3) Cover Period 10 14 06 through 11 02 06 (4) Page 2 of 3

(6) 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
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							

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

(1) Name Democratic Retirees Club of St. Louis City (2) I.D. Number \_\_\_\_\_  
 (3) Cover Period 10/14/06 through 11/02/06 (4) Page 3 of 3

(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					
10/17/06	AMERICAN LEGION Post 318 8543 So. US Highway 1 PSL, FL 34952	Lunch mtg. 5 lunches \$8.00 EA	MDIO		40.00
11					
11					
11					
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