

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

OFFICE USE ONLY

AUG 3 '06 11:54

(1) DEMOCRATIC RETIREE'S CLUB Ft. Pierce City  
Name

(2) P.O. Box 12456  
Address (number and street)

FORT PIERCE, FL, 34979  
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

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

(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 07/01/06 To 07/28/06 Report Type F-1

Original     Amendment     Special Election Report     Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks    \$ 117.00

Loans    \$ \_\_\_\_\_

Total Monetary    \$ 117.00

In-Kind    \$ \_\_\_\_\_

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures    \$ 80.00

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

Total Monetary    \$ 80.00

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

(9) TOTAL Monetary Contributions To Date  
\$ 9267.50

(10) TOTAL Monetary Expenditures To Date  
\$ 8318.84

**(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 HORAN

Individual (only for electioneering commun.)     Treasurer     Deputy Treasurer

**X** Monroe Horan  
Signature

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

(Type name) RON CHRISTIAN

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

**X** Ron Christian  
Signature



### CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Democratic Retirees Club of St Lucie City (2) I.D. Number \_\_\_\_\_  
 (3) Cover Period 07 101 106 through 07 128 1 (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					
07/18/06	AMERICAN LEGION Post 318 8543 SO. US1 Highway PSL, FL 34952	LUNCH Mtg. 10 Lunches \$8.00 EA	MDIV		80.00
1					
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1 1					
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