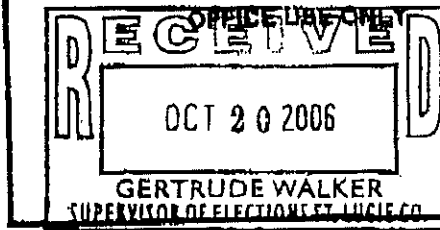


FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS  
CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Democratic Retirees Club of Ft. Pierce 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 09/30/06 To 10/13/06 Report Type G-3  
 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 \$ \_\_\_\_\_  
Transfers to Office Account \$ \_\_\_\_\_  
Total Monetary \$ \_\_\_\_\_

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

(9) TOTAL Monetary Contributions To Date  
\$ 9427.50

(10) TOTAL Monetary Expenditures To Date  
\$ 8473.20

(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 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 CONTRIBUTIONS

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

(3) Cover Period 09 130 106 through 10 113 106 (4) Page 2 of 3

(6) Date (8) Sequence Number	(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				
/ /							
/ /							
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**CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

(1) Name Democratic League Club of St Louis City (2) I.D. Number \_\_\_\_\_  
 (3) Cover Period 09/30/06 through 12/13/06 (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					
11					
11					
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