

CAMPAIGN TREASURER'S REPORT SUMMARY

TOM CAMPENNI FOR STUART

(1) CITY COMMISSION
Name

(2) 700 SW ST LUCIE CRES
Address (number and street)

STUART FL 34994
City, State, Zip Code



Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: CITY COMMISSION GROUP 1
- Political Committee (PC)
- Electioneering Communications Org. (ECO)
- Party Executive Committee (PTY)
- Independent Expenditure (IE) (also covers an individual making electioneering communications)
- Check here if PC or ECO has disbanded
- Check here if PTY has disbanded
- Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 07 / 19 / 14 To 07 / 25 / 14 Report Type: _____

- Original Amendment Special Election 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

\$ _____ , 10 , 250 . 05

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 1 , 323 . 29

(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) MARY R. SAWYER
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X Mary Sawyer
Signature

(Type name) TOM CAMPENNI
 Candidate Chairperson (only for PC and PTY)

X Tom Campenni
Signature