CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Ronald E. Rose
Name

(2) 636 SW Bryant Ave.
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 of Stuart Commissioner, Group 2
☐ 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 08/12/17 To 08/24/17 Report Type: 67

☑ Original  □ Amendment  □ Special Election Report

(6) Contributions This Report

Cash & Checks $1,520.00
Loans $2,221.34
Total Monetary $711.34
In-Kind

(7) Expenditures This Report

Monetary Expenditures $4,464.03
Transfers to Office Account
Total Monetary $6,464.03

(8) Other Distributions

$ 

(9) TOTAL Monetary Contributions To Date $11,171.34

(10) TOTAL Monetary Expenditures To Date $11,171.34

(11) Certification

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

(Type name) Sue Zachary
☐ Individual (only for IE or electioneering comm.)  ☒ Treasurer  ☐ Deputy Treasurer

X Signature

(Type name) Ronald E. Rose

☑ Candidate  ☐ Chairperson (only for PC and PTY)

X Signature

SEE REVERSE FOR INSTRUCTIONS
# Campaign Treasurer's Report - Itemized Contributions

(1) Name: **Ronald E. Rose**

(2) I.D. Number: ______________________

(3) Cover Period: 08/12/17 through 08/24/17

(4) Page 1 of 1

<table>
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<tr>
<th>(5) Date</th>
<th>(6) Sequence Number</th>
<th>(7) Full Name</th>
<th>(8) Contributor Type</th>
<th>(9) Occupation Type</th>
<th>(10) Contribution Type</th>
<th>(11) In-kind Description</th>
<th>(12) Amount</th>
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<td>LOA</td>
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DS-DE 13 (Rev. 11/13)  SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES
# CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

1. Name: **RONALD E. RACE**
2. I.D. Number: 
3. Cover Period: **08/12/17** through **08/24/17**
4. Page: **1** of **1**

<table>
<thead>
<tr>
<th>(5) Date</th>
<th>(6) Sequence Number</th>
<th>(7) Full Name (Last, Suffix, First, Middle) Street Address &amp; City, State, Zip Code</th>
<th>(8) Purpose (add office sought if contribution to a candidate)</th>
<th>(9) Expenditure Type</th>
<th>(10) Amendment</th>
<th>(11) Amount</th>
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<tbody>
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<td>08/15/17</td>
<td>#1</td>
<td>KINANE CORPORATION 310 DENVER AVE. SMART FL 34944</td>
<td>MAILING SERVICES POSTAGE</td>
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DS-DE 14 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES