

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) EULA R. CLARKE
 Name
 (2) 1008 E. 16TH COURT
 Address (number and street)
STUART, FL 34996
 City, State, Zip Code



Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):
 Candidate Office Sought: GROUP 5 SEAT - CITY COMMISSIONER
 Political Committee (PC)
 Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded
 Party Executive Committee (PTY) Check here if PTY has disbanded
 Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 06 / 01 / 2020 To 06 / 12 / 2020 Report Type: P1
 Original Amendment Special Election Report

(6) **Contributions This Report**

Cash & Checks	\$	_____	,	_____	,	<u>500</u>	.	<u>00</u>
Loans	\$	_____	,	_____	,	<u>250</u>	.	<u>00</u>
Total Monetary	\$	_____	,	_____	,	<u>750</u>	.	<u>00</u>
In-Kind	\$	_____	,	_____	,	<u>0</u>	.	<u>0</u>

(7) **Expenditures This Report**

Monetary Expenditures	\$	_____	,	<u>205</u>	,	_____	.	<u>0</u>
Transfers to Office Account	\$	_____	,	_____	,	<u>0</u>	.	<u>0</u>
Total Monetary	\$	_____	,	_____	,	<u>205</u>	.	<u>0</u>

(8) **Other Distributions**
 \$ _____ , _____ , 0 . 0

(9) **TOTAL Monetary Contributions To Date**
 \$ _____ , _____ , 750 . 00

(10) **TOTAL Monetary Expenditures To Date**
 \$ _____ , _____ , 205 . 00

(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) EULA R. CLARKE
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer
X
 Signature

(Type name) EULA R. CLARKE
 Candidate Chairperson (only for PC and PTY)
X
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name EULA R CLARKE

(2) I.D. Number _____

(3) Cover Period 06 / 01 / 2020 through 06 / 12 / 2020

(4) Page 1 of 1

(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					
6/8/20 1	City of Stuart 121 SW Flagler Avenue Stuart FL 34994	filing fee	ck	x	\$205
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name EULA R CLARKE (2) I.D. Number _____

(3) Cover Period 06 / 01 / 2020 through 06 / 12 / 2020 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type			
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/ /							
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