

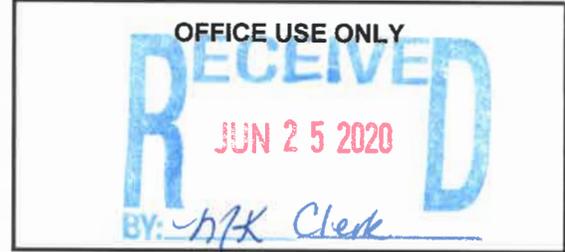
CAMPAIGN TREASURER'S REPORT SUMMARY

(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)

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 06 / 01 / 2020 To 06 / 12 / 2020 Report Type: P1

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 500 . 00

Loans \$ _____ , _____ , 250 . 00

Total Monetary \$ _____ , _____ , 750 . 00

In-Kind \$ _____ , _____ , 0 . 0

(7) Expenditures This Report

Monetary Expenditures \$ _____ , 205 , _____ . _____

Transfers to Office Account \$ _____ , _____ , 0 . 0

Total Monetary \$ _____ , _____ , 205 . 0

(8) Other Distributions

\$ _____ , _____ , 0 . 0

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 750 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 205 . 0

(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

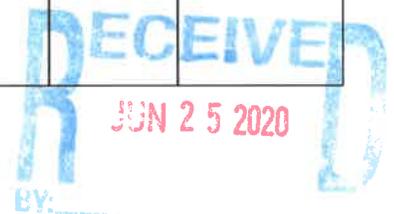
(1) Name EULA R CLARKE

(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 | City of Stuart 121 SW Flagler Avenue Stuart FL 34994 | filing fee | | | |
| 1 | | | 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 Type Occupation | | (9) Contribution Type | (10) In-kind Description | (11) Amendment | (12) Amount |
|---------------------------|------------------------------------------------------------------------------------------------|--------------------------------------------|------------|-----------------------------|--------------------------------|-------------------|----------------|
| (6) Sequence Number | | Type | Occupation | Type | Description | Amendment | Amount |
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