

## 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: COMMISSIONER GROUP V

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 08/24/2018/ To 08/31/2018/ Report Type: G1

Original

Amendment

Special Election Report

### (6) Contributions This Report

Cash & Checks \$ 0.00, \_\_\_\_\_, \_\_\_\_\_

Loans \$ 0, \_\_\_\_\_, \_\_\_\_\_

Total Monetary \$ .00, \_\_\_\_\_, \_\_\_\_\_

In-Kind \$ 0, \_\_\_\_\_, \_\_\_\_\_

### (7) Expenditures This Report

Monetary Expenditures \$ .00, \_\_\_\_\_, \_\_\_\_\_

Transfers to Office Account \$ 0.00, \_\_\_\_\_, \_\_\_\_\_

Total Monetary \$ .00, \_\_\_\_\_, \_\_\_\_\_

### (8) Other Distributions

\$ 0, \_\_\_\_\_, \_\_\_\_\_

### (9) TOTAL Monetary Contributions To Date

\$ 1,570.00, \_\_\_\_\_, \_\_\_\_\_

### (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 CONTRIBUTIONS

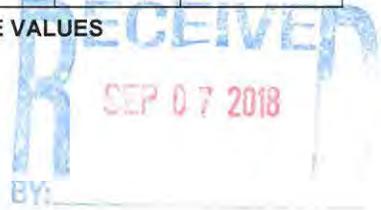
(1) Name EULA R. CLARKE

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 8/24/2018 / \_\_\_\_\_ / \_\_\_\_\_ through 8/31/2018 / \_\_\_\_\_ / \_\_\_\_\_

(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
8-24-18 to 8-31-18 / /	NONE						
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name EULA R. CLARKE

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 08/24/2018 / \_\_\_\_\_ through 8/31/2018 / \_\_\_\_\_

(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					
/ /	NONE	NONE		NONE	\$.00
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