

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) MARK BRECHBILL
Name

(2) 215 SW FEDERAL Hwy Suite 200
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 06 / 01 / 22 To 06 / 17 / 22 Report Type: P1

Original Amendment Special Election Report

(6) Contributions This Report

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

Loans \$ _____ , _____ , _____ . 00

Total Monetary \$ _____ , _____ , _____ . 00

In-Kind \$ _____ , _____ , _____ . 00

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , _____ . 00

Transfers to Office Account \$ _____ , _____ , _____ . 00

Total Monetary \$ _____ , _____ , _____ . 00

(8) Other Distributions

\$ _____ , _____ , _____ . 00

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 1,200 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 608 . 15

(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) MARK BRECHBILL

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

X [Signature]
Signature

(Type name) MARK BRECHBILL

Candidate Chairperson (only for PC and PTY)

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name MARK BRECHBILL (2) I.D. Number _____

(3) Cover Period 06 / 01 / 22 through 06 / 17 / 22 (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		Amount
/ /	N/A						
/ /							
/ /							
/ /							
/ /							

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 JUN 24 2022
 BY: MARK

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name MARK BRECHBILL

(2) I.D. Number _____

(3) Cover Period 06 / 01 / 22 through 06 / 17 / 22

(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				
// /					
// /					
// /					
// /					
// /					

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