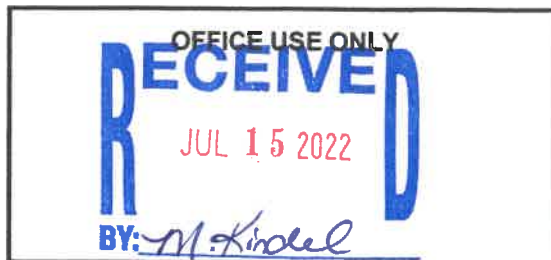


CAMPAIGN TREASURER'S REPORT SUMMARY

(1) MARK BRECHBILL
 Name
 (2) 215 SW FEDERAL HIGHWAY 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 05 / 01 / 22 To 05 / 31 / 22 Report Type: M5

Original Amendment Special Election Report

(6) Contributions This Report

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

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , _____ . _____

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

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , _____ . _____

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , _____ . _____

(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

(Type name) MARK BRECHBILL
 Candidate Chairperson (only for PC and PTY)

X _____
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 05 / 01 / 22 through 05 / 31 / 22 (4) Page _____ of _____

(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
/ /							
1						DEL	
5, 20, 22	BERNARD SALZBERG 1654 NW SPRUCE RIDGE DR, STUART FL 34954	I	RETIRED	CHE		ADD	\$ 100
8							
/ /							
2						DEL	
5, 16, 22	NICHOLAS VINCENZO 4 RIVERVIEW DR STUART, FL 34996	I	DENTIST	CHE		ADD	\$ 100
9							
/ /							
/ /							
/ /							
/ /							

RECEIVED
JUL 15 2022
BY: ml