

## 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)  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 06/23/2018/ To 07/06/2018/ Report Type: G2

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

\$ .00, \_\_\_\_\_, \_\_\_\_\_

### (10) TOTAL Monetary Expenditures To Date

\$ .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 06/23/2018 / \_\_\_\_\_ through 07/06/2018 / \_\_\_\_\_

(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	FILING FEE		NONE	\$.00
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

RECEIVED

JUL 12 2018

BY: \_\_\_\_\_

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 6/23/2018 / \_\_\_\_\_ / \_\_\_\_\_ through 7/6/2018 / \_\_\_\_\_ / \_\_\_\_\_ (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			
/ /	NONE						
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

