

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: mk

(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 06/01/2018/ To 06/22/2018/ Report Type: G1

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ \$150.00 , ____ . ____

Loans \$ 0 , ____ , ____ . ____

Total Monetary \$ 150.00 , ____ . ____

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

(7) Expenditures This Report

Monetary Expenditures \$ 205.00 , ____ . ____

Transfers to Office Account \$ 0.00 , ____ , ____ . ____

Total Monetary \$ 205.00 , ____ . ____

(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]
Signature

(Type name) EULA R. CLARKE

Candidate Chairperson (only for PC and PTY)

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name EULA R. CLARKE

(2) I.D. Number _____

(3) Cover Period 6/1/2018 / _____ / _____ through 6/22/2018 / _____ / _____

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation				
6/15/2018 / / 01	CHRISTINE M. MORENO 3211 SW ALEXANDER CT PALM CITY FL 34990-3112	INDV.	LAWYER	CK			\$25.00
6/15/2018 / / 02	MILDRED GIPSON 919 SE LAKE STREET STUART, FL 34994	INDV	RETIRED	CK			\$50.00
6/15/2018 / / 03	CATHERINE HILTON 504 SE MCDONALD LANE STUART FL 34994	INDV	TEACHER	CK			\$50.00
6/15/2018 / / 04	ALISHA D. LEGETTE 815 NE 16TH STREET FORT LAUDERDALE, FL 33304	INDV	LAWYER	CK			\$25.00
/ /							
/ /							
/ /							
/ /							



CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name EULA R. CLARKE

(2) I.D. Number _____

(3) Cover Period 06/01/2018 / _____ through 06/22/2018 / _____

(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					
06/20/2018	CITY OF STUART 121 SW FLAGLER AVENUE STUART FL 34994	FILING FEE			
01			CHECK	NONE	\$205.00
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