

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) **EULA R. CLARKE**

Name _____
 Address (number and street)
 1008 E. 16TH COURT
 STUART, FL 34996
 City, State, Zip Code _____



(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: **GROUP 5 SEAT - CITY COMMISSIONER**
- 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 05 / 01 / 2020 To 05 / 31 / 2020 Report Type: M5

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 0.00

Loans \$ _____, _____, 0.00

Total Monetary \$ _____, _____, 0.00

In-Kind \$ _____, _____, 0.00

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 0.00

Transfers to Office Account \$ _____, _____, 0.00

Total Monetary \$ _____, _____, 0.00

(8) Other Distributions

\$ _____, _____, 0.00

(9) TOTAL Monetary Contributions To Date

\$ _____, 750.00

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 0.00

(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

(Type name) **EULA R. CLARKE**

Candidate Chairperson (only for PC and PTY)

Signature *Eula R. Clarke*

Signature *Eula R. Clarke*

CAMPAIGN TREASURER'S REPORT -- ITEMIZED CONTRIBUTIONS

EULIA R CLARKE

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

(3) Cover Period 05 / 01 / 2020 through 05 / 31 / 2020 (4) Page 1 of 1

| (5) Date | (6) Sequence Number | (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 |
|-------------|---------------------------|--|---------------------------------------|-----------------------------|--------------------------------|-------------------|----------------|
| / / | | N/A | N/A | N/A | N/A | N/A | N/A |
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES



CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name EULA R CLARKE

(2) I.D. Number _____

(3) Cover Period 05 / 01 / 2020 through 05 / 31 / 2020

(4) Page 1 of 1

| (5) Date | (6) Sequence Number | (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 |
|-------------|---------------------------|--|--|----------------------------|-------------------|----------------|
| <u>//</u> | <u>//</u> | <u>None</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> |
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RECEIVED
 JUN 08 2020
 BY: mk Clerk