

**CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) **EULA R. CLARKE**  
 Name  
 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): **GROUP 5 SEAT - CITY COMMISSIONER**

- Candidate Office Sought: \_\_\_\_\_  
 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 / 2020 To 06 / 12 / 2020 Report Type: P1

Original  Amendment  Special Election Report

(6) Contributions This Report	(7) Expenditures This Report
Cash & Checks \$ _____, _____, <u>500.00</u>	Monetary Expenditures \$ _____, <u>205</u> , _____, <u>0</u> , _____, <u>0</u>
Loans \$ _____, _____, <u>250.00</u>	Transfers to Office Account \$ _____, _____, <u>0</u> , _____, <u>0</u>
Total Monetary \$ _____, _____, <u>750.00</u>	Total Monetary \$ _____, _____, <u>205</u> , _____, <u>0</u>
In-Kind \$ _____, _____, <u>0.00</u>	

(8) Other Distributions \$ \_\_\_\_\_, \_\_\_\_\_, 0, \_\_\_\_\_, 0

(9) TOTAL Monetary Contributions To Date \$ \_\_\_\_\_, \_\_\_\_\_, 750.00

(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) <b>EULA R. CLARKE</b>	(Type name) <b>EULA R. CLARKE</b>
<input type="checkbox"/> Individual (only for IE or electioneering comm.)	<input type="checkbox"/> Chairperson (only for PC and PTY)
<input checked="" type="checkbox"/> Treasurer	<input checked="" type="checkbox"/> Candidate
<input type="checkbox"/> Deputy Treasurer	<input type="checkbox"/> Chairperson
<i>Eula R. Clarke</i>	<i>Eula R. Clarke</i>
<b>X</b> Signature	<b>X</b> Signature

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name EULA R CLARKE

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 06 / 01 / 2020 through 06 / 12 / 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
6/8/20	1	City of Stuart 121 SW Flagler Avenue Stuart FL 34994	filing fee	ck	x	\$205
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**RECEIVED**  
BY: \_\_\_\_\_  
JUN 25 2020

# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 06 / 01 / 2020 through 06 / 12 / 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	(8) Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
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