

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) ROUALD E. ROSE
Name

(2) 636 SW BRYANT AVE.
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: STUART CITY COMMISSIONER, GROUP 2
- 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 / 17 To 06 / 23 / 17 Report Type: 61

- Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, _____ 0

Loans \$ _____, _____, 500 . _____

Total Monetary \$ _____, _____, 500 . _____

In-Kind \$ _____, _____, _____ 0

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 141.28

Transfers to Office Account \$ _____, _____, _____ 0

Total Monetary \$ _____, _____, 141.28

(8) Other Distributions

\$ _____, _____, _____

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, 500 . _____

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 141.28

(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) Sue Zachman
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

Sue Zachman
Signature

(Type name) ROUALD E. ROSE
 Candidate Chairperson (only for PC and PTY)

[Signature]
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name RONALD E. ROSE (2) I.D. Number _____

(3) Cover Period 06/01/17 through 06/23/17 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		Amount
1 / 1	RONALD E. ROSE	S	CANDIDATE	LOA			\$500-
#1	636 SW BRYANT AVE STUART FL 34994						
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name RONALD E. ROSE

(2) I.D. Number _____

(3) Cover Period 06/01/17 through 06/23/17

(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
1 / 1 #1	CITY OF STUART 121 SW FLAGLER AVE. STUART, FL 34994	QUALIFYING FEE	QUALIFYING FEE CAN		141.28
1 / 1					
1 / 1					
1 / 1					
1 / 1					
1 / 1					
1 / 1					
1 / 1					
1 / 1					