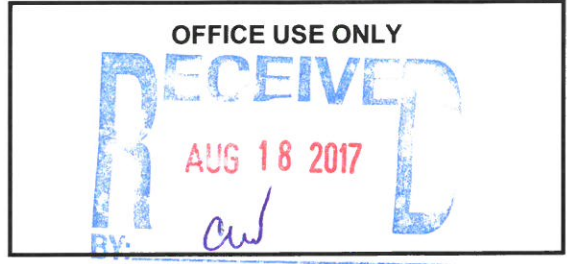


amended

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Becky Bruner
 Name
 (2) 625 Alameda Way
 Address (number and street)
STV ART - FL 34996
 City, State, Zip Code



Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):
 Candidate Office Sought: 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 7, 29, 17 To 8, 4, 17 Report Type: G-5
 Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 250.00

Loans \$ _____, _____, _____

Total Monetary \$ _____, _____, 250.00

In-Kind \$ _____, _____, _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 7.85

Transfers to Office Account \$ _____, _____, _____

Total Monetary \$ _____, _____, 7.85

(8) Other Distributions
 \$ _____, _____, _____, _____

(9) TOTAL Monetary Contributions To Date
 \$ _____, 19,920.14

(10) TOTAL Monetary Expenditures To Date
 \$ _____, 10,367.17

(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) Becky Bruner
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

(Type name) Becky Bruner
 Candidate Chairperson (only for PC and PTY)

X Becky Bruner
 Signature

X Becky Bruner
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Becky Bruner (2) I.D. Number _____
 (3) Cover Period 7, 29, 17 through 8, 4, 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
8/2/17	PAY PAL P.O. Box 45950 Omaha, NE 68145	srv fees	CAN	ADD	6.10
F-11					
8/4/17	PAY PAL P.O. Box 45950 Omaha, NE 68145	srv. fees	CAN	ADD	1.75
F-12					
///					
///					
///					
///					
///					
///					
///					

✓
7.85

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 7, 29, 17 through 8, 4, 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	Amendment	Amount
8, 2, 17	Gorman, Suzanne 51 S.E Harbor Point DR STUART FL 34996	I	nurse	RCT		ADD	200.00
A-11							
8, 4, 17	Miller, Linda 5028 SE Alicia St STUART FL 34997	I		RCT		ADD	50.00
A-12							
1 1							
1 1							
1 1							
1 1							

✓
250.