

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) EULA R. CLARKE

Name

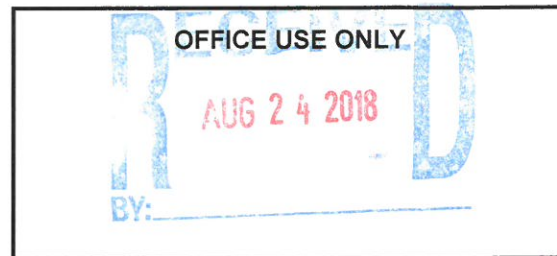
(2) 1008 E. 16TH COURT

Address (number and street)

STUART FL 34996

City, State, Zip Code

Check here if address has changed



(3) ID Number: _____

(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 08/11/2018/ To 08/23/2018/ Report Type: P7

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ \$.00, _____, _____ . _____

Loans \$ 0, _____, _____ . _____

Total Monetary \$.00, _____, _____ . _____

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

(7) Expenditures This Report

Monetary Expenditures \$.00, _____, _____ . _____

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

Total Monetary \$.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 Eula R. Clarke
Signature

(Type name) EULA R. CLARKE

Candidate Chairperson (only for PC and PTY)

X Eula R. Clarke
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

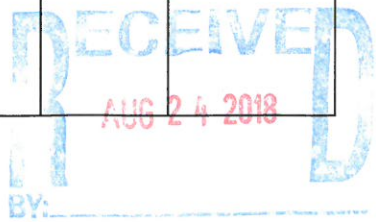
(1) Name EULA R. CLARKE

(2) I.D. Number _____

(3) Cover Period 08/11/2018 / _____ through 8/23/2018 / _____

(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					
/ /	NONE	NONE		NONE	\$.00
/ /					
/ /					
/ /					
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/ /					
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name EULA R. CLARKE

(2) I.D. Number _____

(3) Cover Period 8/11/2018 / _____ / _____ through 8/23/2018 / _____ / _____

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
8-11-18 to 8-23-18 / / 1	NONE						
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

