

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS  
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Shannon Martin  
Name

(2) EXEMPT  
Address (number and street)

Port St. Lucie, FL 34953  
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate (office sought): Port St. Lucie City Council, District 3

Political Committee  CHECK IF PC HAS DISBANDED

Committee of Continuous Existence  CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication  CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 7 / 17 / 2010 To 7 / 30 / 2010 Report Type 2010 F2

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 270.00

Loans \$ 0.00

Total Monetary \$ 270.00

In-Kind \$ 75.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 321.23

Transfers to Office Account \$ 0.00

Total Monetary \$ 321.23

**(8) Other Distributions**

\$ 0.00

**(9) TOTAL Monetary Contributions To Date**

\$ 3,575.00

**(10) TOTAL Monetary Expenditures To Date**

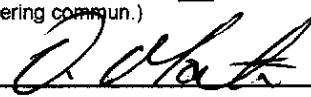
\$ 3,349.02

**(11) CERTIFICATION**

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

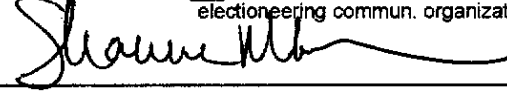
I certify that I have examined this report and it is true, correct, and complete.

(Type name) Aaron Martin  
 Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

**X**   
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Shannon Martin  
 Candidate  Chairperson (only for PC, PTY & electioneering commun. organization)

**X**   
Signature

## CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Shannon Martin (2) I.D. Number \_\_\_\_\_

(3) Cover Period 7 / 17 / 2010 through 7 / 30 / 2010 (4) Page 1 of 1

(5) Date	(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
(6) Sequence Number							
7 / 19 / 10 1	Shannon Martin P.O. Box 8183 Port St. Lucie, FL 34985	I		INK	Postage		75.00
7 / 29 / 10 2	Al Ludmeyer 121 SW PSL Blvd. Port St. Lucie, FL 34984	I		CHE			20.00
7 / 30 / 10 3	Atlantic Collision 1057 SW Macedo Blvd. Port St. Lucie, FL 34983	B	Auto Body Repair	CHE			250.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

## CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Shannon Martin

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

(3) Cover Period 7 / 17 / 2010 through 7 / 30 / 2010

(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					
7 / 19 / 10	USPS 643 US Highway One North Palm Beach, FL 33408	Postage	MON		\$275.00
1					
7 / 29 / 10	USPS 643 US Highway One North Palm Beach, FL 33408	Postage	MON		\$19.60
2					
7 / 30 / 10	City of PSL 2195 SE Airoso Blvd. Port St. Lucie, FL 34984	After 5 Live Booth	MON		\$26.63
3					
/ /					
/ /					
/ /					
/ /					
/ /					