

**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

OFFICE USE ONLY

(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 01 / 01 / 2010 To 03 / 31 / 2010 Report Type 2010 Q1

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ _____

Loans \$ _____

Total Monetary \$ _____

In-Kind \$ _____ 85.95

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ _____

Transfers to Office Account \$ _____

Total Monetary \$ _____

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ _____

(10) TOTAL Monetary Expenditures To Date

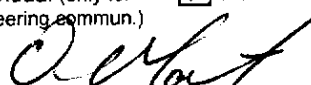
\$ _____

(11) CERTIFICATION

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

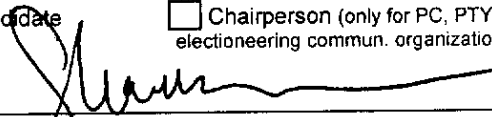
I certify that I have examined this report and it is true, correct, and complete.

(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 01 / 01 / 2010 through 03 / 31 / 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		Type	Occupation	Contribution Type	In-kind Description	Amendment	Amount
1 / 20 / 10	Shannon Martin P.O. Box 8183 Port St. Lucie, FL 34985	I		INK	P.O. Box	ADD	46.00
4							
2 / 4 / 10	Shannon Martin P.O. Box 8183 Port St. Lucie, FL 34985	I		INK	Website	ADD	39.95
5							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							