

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

OFFICE USE ONLY

(1) CHRISTOPHER S COOPER
Name
(2) 4464 SW FIRESIDE CIR
Address (number and street)
Park St Lucie, FL 34953
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): MAYOR, City of Park St Lucie, Florida

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 8 / 20 / 10 To 9 / 10 / 10 Report Type G1

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 1400.00

Loans \$ —

Total Monetary \$ 1400.00

In-Kind \$ —

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 1981.00

Transfers to Office Account \$ —

Total Monetary \$ 1981.00

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ 22,100.00

(10) TOTAL Monetary Expenditures To Date

\$ 2183.74

(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.

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(Type name) CHRISTOPHER S COOPER

(Type name) CHRISTOPHER S COOPER

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X [Signature]

X [Signature]

Signature

Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name CHRISTOPHER S COOPER

(2) I.D. Number _____

(3) Cover Period 8 / 20 / 10 through 9 / 10 / 10

(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 | Type | Description | Amendment | Amount |
| 9 / 2 / 10 | FLOR. OR FIRE POC 345 W. MADISON STREET TALLAHASSEE, FL 32301 | P | FIREFIGHTER | CHE | | | 500- |
| 001 | | | | | | | |
| 9 / 2 / 10 | JOSEPH COUCY 114 SE MIRA LAVELLA PT ST LUCIE, FL 34984 | I | RETIRED | CHE | | | 500- |
| 002 | | | | | | | |
| 9 / 2 / 10 | KARY JELUM 2138 NE 18 AVE JENSEN BCH, FL 34957 | I | | CHE | | | 50- |
| 003 | | | | | | | |
| 9 / 10 / 10 | PAUL JACQUIN + SONS INC 7348 COMMERCIAL CIRCLE FT PIERCE, FL 34948 | B | CONTRACTOR | CHE | | | 250- |
| 004 | | | | | | | |
| 9 / 10 / 10 | SCOTT BERGER 1810 SW JANETTE AVE PT ST LUCIE, FL 34953 | I | | CHE | | | 100- |
| 005 | | | | | | | |
| 1 / 1 | | | | | | | |
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| 1 / 1 | | | | | | | |
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| 1 / 1 | | | | | | | |
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name CHRISTOPHER S COOPER

(2) I.D. Number _____

(3) Cover Period 8 / 20 / 10 through 9 / 10 / 10

(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 |
|----------------|--|--|----------------------------|-------------------|----------------|
| 9/10/10 001 | WAVV RADIO 3771 NE JENNINGS RD PT ST LUCE, FL 34952 | RADIO ADS | MON | | 875.50 |
| 9/10/10 002 | WQOL RADIO 3771 NE JENNINGS RD PT ST LUCE, FL 34952 | RADIO ADS | MON | | 494.70 |
| 9/10/10 003 | WSYR RADIO 3771 NE JENNINGS RD PT ST LUCE, FL 34952 | RADIO ADS | MON | | 313.65 |
| 9/10/10 004 | DLF MEDIA 1595 SE PT ST LUCE BLVD PT ST LUCE, FL 34952 | CONSULTATION | MON | | 297.15 |
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