

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

(1) Shirley Copenhaver
Name

(2) 1430 SE San Souci Lane
Address (number and street)

Port St Lucie FL 34952
City, State, Zip Code

OFFICE USE ONLY

CHECK IF ADDRESS HAS CHANGED (3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): Mayor City of Port St Lucie

Political Committee CHECK IF PC HAS DISBANDED

Committee of Continuous Existence CHECK IF CCE HAS DISBANDED

Party Executive Committee CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

Electioneering Communication

(5) REPORT IDENTIFIERS

Cover Period: From 04 / 01 / 2010 To 07 / 16 / 2010 Report Type F1

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 1,905.28

Loans \$ 2,200.00

Total Monetary \$ 4,105.28

In-Kind \$ 2,756.31

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 4,107.23

Transfers to Office Account \$ _____

Total Monetary \$ 4,107.23

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ 4,245.28

(10) TOTAL Monetary Expenditures To Date

\$ 4,107.23

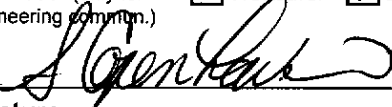
(11) CERTIFICATION

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) Shirley Copenhaver

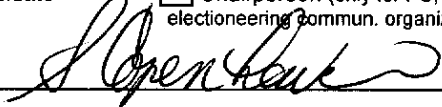
Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X 
Signature

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

(Type name) Shirley Copenhaver

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

X 
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Shirley Copenhagen

(2) I.D. Number _____

(3) Cover Period 04/01/2010 through 07/16/2010

(4) Page 1 of 2

(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
5/12/2010 01	Cutting Edge 1826 SW Renfro Street Port St Lucie FL 34953	Hand outs	MON		69.23
6/14/2010 02	Fogel Corp 765 SW Dalton Circle Port St Lucie FL 34983	Fund Raiser Room Rental	MON		492.25
6/07/2010 03	Anna Bandoletti 3483 Palm City School Ave Sartec Palm City FL 34990	Fund Raiser Food for 25 per.	MON		9/050-
6/14/2010 04	Cutting Edge 1826 SW Renfro Street Port St Lucie FL 34953	Handouts	MON		69.23
6/22/2010 05	Artec Printing 2721 S US 1 St. 12 Pt Pierce FL 34982	Hats + +shirts	MON		756.15
6/22/2010 06	City of Port St Lucie 121 SW Port St Lucie Blvd Port St Lucie FL 34984	Qualifying	MON		486.34
6/24/2010 07	Rae Madrid 2026 Brighton St Port St Lucie FL 34953	Painting sign on truck	MON		150-
6/29/10 08	Staples 2609 South US Hwy 1 Pt Pierce FL 34982	Stamps + envelopes	MON		124.45

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Shirley Copenhagen (2) I.D. Number _____
 (3) Cover Period 04/1/200 through 07/16/2010 (4) Page 2 of 2

(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
07/13/2010 09	States the Limit Printing 2361 SE Seafury Lane Port A Wajie FL	100 signs	Mon		484.50
07/14/2010 10	Aztec Celephix 2721 S W I Stater Port Pierce FL 34982	Hats	Mon		150-
7/16/2010 11	City of Port Stueie 121 SW Port Stueie Ave Port Stueie FL 34984	sign permit	Mon		25-
7/16/2010 12	City of Port Stueie 121 SW Port Stueie Blvd Port Stueie FL	Sign Deposit	Mon		250-
11					
11					
11					
11					

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(Type name) Shirley Copenhaver

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X [Signature]
Signature

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

(Type name) Shirley Copenhaver

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

X [Signature]
Signature