

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

(1) JOANN FAIELLA  
Name

(2) PO BOX 9284  
Address (number and street)

PORT ST LUCIE FL 34985  
City, State, Zip Code

**OFFICE USE ONLY**

CHECK IF ADDRESS HAS CHANGED

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

**(4) Check appropriate box(es):**

- Candidate (office sought): MAYOR OF THE 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 / 10 To 07 / 16 / 10 Report Type F1

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ \_\_\_\_\_

Loans \$ 83.01

Total Monetary \$ 83.01

In-Kind \$ 500.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 83.01

Transfers to Office Account \$ \_\_\_\_\_

Total Monetary \$ 83.01

**(8) Other Distributions**  
\$ \_\_\_\_\_

**(9) TOTAL Monetary Contributions To Date**  
\$ 12,802.54

**(10) TOTAL Monetary Expenditures To Date**  
\$ 7,355.63

**(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) STEPHEN ADKINS

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) JOANN FAIELLA

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

X   
Signature

