

**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 09 / 11 / 10 To 09 / 24 / 10 Report Type G2

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 5,350.00

Loans \$ 1,210.75

Total Monetary \$ 6,560.75

In-Kind \$ 886.52

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 1,560.75

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

Total Monetary \$ 1,560.75

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

**(9) TOTAL Monetary Contributions To Date**  
\$ 36,469.23

**(10) TOTAL Monetary Expenditures To Date**  
\$ 29,531.75

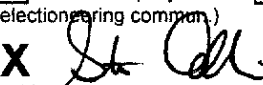
**(11) CERTIFICATION**

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

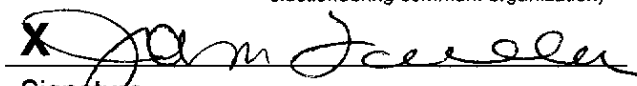
Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

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

Totals include all amendments









