

**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

Electioneering Communication  CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 10 / 09 / 10 To 10 / 28 / 10 Report Type G4

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 4,790.00

Loans \$ \_\_\_\_\_

Total Monetary \$ 4,790.00

In-Kind \$ 1,999.38

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 6,083.40

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

Total Monetary \$ 6,083.40

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

(9) TOTAL Monetary Contributions To Date  
\$ 47,249.23

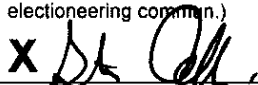
(10) TOTAL Monetary Expenditures To Date  
\$ 42,089.91

**(11) CERTIFICATION**

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

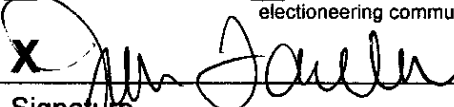
I certify that I have examined this report and it is true, correct, and complete.

(Type name) STEPHEN ADKINS  
 Individual (only for electioneering comm.)  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 comm. organization)

X   
Signature













