

**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 07 / 17 / 10 To 07 / 30 / 10 Report Type F2

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks	\$	<u>1,800.00</u>
Loans	\$	<u>1,617.05</u>
Total Monetary	\$	<u>3,417.05</u>
In-Kind	\$	<u>1,100.00</u>

(7) EXPENDITURES THIS REPORT

Monetary Expenditures	\$	<u>2,817.05</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>2,817.05</u>

(8) Other Distributions
\$ 0.00

(9) TOTAL Monetary Contributions To Date
\$ 16,136.58

(10) TOTAL Monetary Expenditures To Date
\$ 10,089.67

(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) STEPHEN ADKINS
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X *Stephen Adkins*
Signature

(Type name) JOANN FAIELLA
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X *Joann Faiella*
Signature