

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

OFFICE USE ONLY

(1) **FRANK LILLO**
Name

(2) **1941 SE INTERLACHEN DRIVE**
Address (number and street)

PORT ST. LUCIE, FL 34952
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) I.D. Number _____

(4) Check appropriate box(es):

- Candidate (office sought): **PORT ST. LUCIE MAYOR**
- 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 8/20/2010 To 11/22/2010 Report Type TR

Original Ammendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$0.00
Loans \$0.00
Total Monetary \$0.00
In-Kind \$0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$20.60
Transfers to Office Account \$0.00
Total Monetary \$20.60
(8) Other Distributions \$0.00

(9) TOTAL Monetary Contributions to Date
\$3,044.00

(10) TOTAL Monetary Expenditures To Date
\$3,044.00

(11) CERTIFICATION

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

<p>I certify that I have examined this report it is true, correct and complete.</p> <p>THOMAS D. EPSKY</p> <p>Name of <input checked="" type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer</p> <p><i>[Signature]</i></p> <p>Signature</p>	<p>I certify that I have examined this report it is true, correct and complete.</p> <p>FRANK LILLO</p> <p>Name of <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Chairman (PC/PTY Only)</p> <p><i>[Signature]</i></p> <p>Signature</p>
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CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name: **FRANK LILLO for PSL MAYOR**

(2) I.D. Number

(3) Cover Period 8/20/2010 through 11/22/2010 (4) Page 1 of 1

(5) Date (6) Sequence Number	(7) Full Name Street Address City,State,Zip Code	(8) Contributor Type	Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
1		I		CHE			\$0.00
2		I		CHE			\$0.00
3		I		CHE			\$0.00
4		i		CHE			\$0.00
5		I		CHE			\$0.00
6		I		CHE			\$0.00
7		I		CHE			\$0.00
8		I		CHE			\$0.00
9		I		CHE			\$0.00

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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name: **FRANK LILLO for PSL MAYOR**

(2) I.D. Number

(3) Cover Period 8/20/2010 through 11/22/2010 (4) Page 1 of 1

(5) Date (6) Sequence Number	(7) Full Name Street Address City, State, Zip Code	(8) Purpose (Add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
9/13/2010 1	City of PSL 9221 SE Civic Center Place Port St. Lucie, FL 34952	refund of sign deposit	MON		-\$250.00
10/4/2010 2	Frank Lillo 1941 SE Interlachen Drive Port St. Lucie, FL 34952	reimburse	MON		\$270.60
			MON		\$0.00
			MON		\$0.00
			MON		\$0.00
			MON		\$0.00
			MON		\$0.00
			MON		\$0.00
			MON		\$0.00