

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Giovanna M Faiella (JoAnn)
Name

(2) [REDACTED]
Address (number and street)
Port Saint Lucie, FL 34953
City, State, Zip Code

OFFICE USE ONLY

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Mayor of Port Saint Lucie, Florida
- Political Committee (PC)
- Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded
- Party Executive Committee (PTY) Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 02 / 01 / 2014 To 02 / 28 / 2014 Report Type: M2

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 100.00

Loans \$ _____ , _____ , _____

Total Monetary \$ _____ , _____ , 100.00

In-Kind \$ _____ , _____ , _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 38.00

Transfers to Office Account \$ _____ , _____ , _____

Total Monetary \$ _____ , _____ , 38.00

(8) Other Distributions

\$ _____ , _____ , _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 600.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 50.00

(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) Sharon J Mack

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X Sharon J Mack
Signature

(Type name) Joann M Faiella

Candidate Chairperson (only for PC and PTY)

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Giovanna M Faiella (JoAnn) (2) I.D. Number _____

(3) Cover Period 02 / 01 / 2014 through 02 / 28 / 2014 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
02 / 21 / 2014 1	Frank J Tumminia 791 NE Jordan Terrace Port Saint Lucie, FL 34953	I	Pest Control <i>Business Owner</i>	Check			100.00
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Giovanna M Faiella(JoAnn)

(2) I.D. Number _____

(3) Cover Period 02 / 01 / 2014 through 02 / 28 / 2014

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
02 / 10 / 2014 1	JP Morgan Chase Bank, N.A. P O Box 659754 San Antonio, TX 78265-9754	Bank service charge reversal from last period	DIS		-12.00
02 / 21 / 2014 2	Marisol's Photography Inc P O Box 9046 Port Saint Lucie, FL 34985-9046	Marketing Consulting Fee (Photos)	DIS		50.00