

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) CARL IKEN
Name

(2) 732 SE LANSDOWNE AVE
Address (number and street)

PORT ST LUCIE, FL 34983
City, State, Zip Code

OFFICE USE ONLY

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: PSL CITY COUNCIL DISTRICT 1
- 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 6 / 21 / 14 To 7 / 04 / 14 Report Type: P2

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 20 . 00

Loans \$, , .

Total Monetary \$, , 20 . 00

In-Kind \$, , .

(7) Expenditures This Report

Monetary Expenditures \$, , 0 . 88

Transfers to Office Account \$, , .

Total Monetary \$, , 0 . 88

(8) Other Distributions

\$, , .

(9) TOTAL Monetary Contributions To Date

\$, , 1782 . 52

(10) TOTAL Monetary Expenditures To Date

\$, , 991 . 39

(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) Carl Iken

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

(Type name) Carl Iken

Candidate Chairperson (only for PC and PTY)

X 
Signature

X 
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name CARL IKEN

(2) I.D. Number _____

(3) Cover Period 06 / 21 / 2014 through 07 / 04 / 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							
07 / 01 / 14	Linda Devitt 5843 Moss Court 2-c Fort Pierce, FL 34982	I	RET	CHE			20.00
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name CARL IKEN

(2) I.D. Number _____

(3) Cover Period 06 / 21 / 2014 through 07 / 04 / 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					
7 / 1 / 14	PAYPAL 2211 North First Street San Jose, California 95131	PAYPAL FEE	MON		0.88
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