

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) JAMES JEFFERY RICH

Name

(2) 6422 NW VERDI COURT

Address (number and street)

PORT ST. LUCIE, FL 34986

City, State, Zip Code

Check here if address has changed

OFFICE USE ONLY

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: MAYOR, CITY OF PORT ST. LUCIE

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 06 / 21 / 2014 To 07 / 04 / 2014 Report Type: 2014-P2

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 350. 00

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

In-Kind \$ _____ , _____ , 120. 00

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 275. 00

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 275. 00

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 2, 660. 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 1, 895. 27

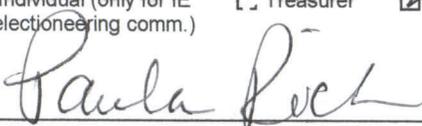
(11) Certification

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:

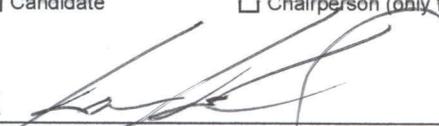
(Type name) PAULA ANN RICH

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

X 
Signature

(Type name) JAMES JEFFERY RICH

Candidate Chairperson (only for PC and PTY)

X 
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name JAMES JEFFERY RICH (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							
6 / 22 / 2014 / / + 1	LINDA M. WARD-BODO 1186 SW MIRROR LAKE CV PORT ST. LUCIE, FL 34986	I	RETIRED	CHK			100.00
6 / 22 / 2014 / / + 2	ANITA GREEN 1163 SW MIRROR LAKE CV PORT ST. LUCIE, FL 34986	I	BARBER	CHK			250.00
6 / 30 / 2014 / / + 3	JAMES RICH 6422 NW VERDI COURT PORT ST. LUCIE, FL 34986	S		INK	CAMP. SIGNS		120.00
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name JAMES JEFFERY RICH

(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					
07 / 03 / 2014 1	CITY OF PORT ST. LUCIE 121 SW PORT ST. LUCIE BLVD. PORT ST. LUCIE, FL 34984	SIGN BOND	CAN		250.00
07 / 03 / 2014 2	CITY OF PORT ST. LUCIE 121 SW PORT ST. LUCIE BLVD. PORT ST. LUCIE, FL 34984	SIGN APPLICATION	CAN		25.00