CAMPAIGN TREASURER'S REPORT SUMMARY

(1) John DiMola
Name

(2) 731 SW Arkansas Terrace
Address (number and street)

Port St. Lucie, FL. 34953
City, State, Zip Code

☐ **Check here if address has changed**

OFFICE USE ONLY

(3) ID Number:

(4) Check appropriate box(es):

● Candidate Office Sought: Port St. Lucie City Council, District 1

☐ 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 7 / 19 / 14 To 7 / 25 / 14 Report Type: P4

● Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ ___ , ___ , ___ . 00
Loans	$ ___ , ___ , ___ . 00
Total Monetary	$ ___ , ___ , ___ . 00
In-Kind	$ ___ , ___ , ___ . ___

(7) Expenditures This Report

Monetary Expenditures	$ ___ , ___ , 83 . 30
Transfers to Office Account	$ ___ , ___ , ___ . ___
Total Monetary	$ ___ , ___ , 83 . 30

(8) Other Distributions

$ ___ , ___ , ___ . ___

(9) TOTAL Monetary Contributions To Date

$ ___ , 3 , 936 . 00

(10) TOTAL Monetary Expenditures To Date

$ ___ , 3 , 820 . 62

(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) Susan Hollaway

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

x Susan Hollaway
Signature

(Type name) John DiMola

● Candidate ☐ Chairperson (only for PC and PTY)

x John DiMola
Signature

DS-DE 12 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS

JUL 29 '14 13:32

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name John DiMola **(2) I.D. Number** _____

(3) Cover Period 7 / 19 / 14 through 7 / 25 / 14 **(4) Page** 1 of 1

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

*(1) Name John DiMola (2) I.D. Number

(3) Cover Period 7 / 19 / 14 through 7 / 25 / 14 (4) Page 1 of 1

(5) Date / (6) Sequence Number	(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
7 /25/14 P4-1	US Postal Service 290 NW Peacock Blvd. Port St. Lucie, FL. 34986	STAMPS	MON		$ 73.50
7 /25/14 P4-2	Winn-Dixie 281 SW Port St. Lucie Blvd. Port St. Lucie, FL 34984	STAMPS	MON		$ 9.80
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