



# CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Audriana C. Riera (2) I.D. Number \_\_\_\_\_

(3) Cover Period 7, 19, 14 through 7, 25, 14 (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
7, 23, 14	Florencia Elder 572 SE Oceanway Port St. Lucie FL 34983	I	Sales Rep Lib MED	CAS			20.00
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**CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

(1) Name Audrianna Chais Kiera (2) I.D. Number \_\_\_\_\_  
 (3) Cover Period 7/19/2014 through 7/25/2014 (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
7/19/14	No Expenditures				
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