

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) LINDA BARTZ
 Name
 (2) 1334 SW IRVING ST
 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: PORT ST LUCIE 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 07/26/2014/ To 08/01/2014/ Report Type: P5

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ 400.00 , ____ . ____

Loans \$ ____ , ____ , ____ . ____

Total Monetary \$ 400.00 , ____ . ____

In-Kind \$ ____ , ____ , ____ . ____

(7) Expenditures This Report

Monetary Expenditures \$ 147.00 , ____ . ____

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

Total Monetary \$ 147.00 , ____ . ____

(8) Other Distributions

\$ ____ , ____ , ____ . ____

(9) TOTAL Monetary Contributions To Date

\$ 11835.54 , ____ . ____

(10) TOTAL Monetary Expenditures To Date

\$ 8816.44 , ____ . ____

(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) LINDA BARTZ

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

X Linda Bartz
 Signature

(Type name) LINDA BARTZ

Candidate Chairperson (only for PC and PTY)

X Linda Bartz
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name LINDA BARTZ (2) I.D. Number _____
 (3) Cover Period 07/26/2014 / _____ / _____ through 08/01/2014 / _____ / _____ (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							
07/30/2014 / / 1	JAMES H ANDERSON 1899 NW RIVER TRAIL STUART, FL 34994			CHE			100.00
07/30/2014 / / 2	MICHAEL RICE 974 SW ST LUCIE WEST BLVD PORT ST LUCIE, FL 34986	B	INSURANCE	CHE			100.00
07/30/2014 / / 3	ATLANTIC DESIGN GROUP OF FLORIDA, INC 467 NW PRIMA VISTA BLVD PORT ST LCUEI, FL 34983	B	LAND PLANNER	CHE			100.00
07/30/2014 / / 4	MANCIL'S TRACTOR SERV, INC 4551 SE HAMPTON CT STUART, FL 34997	B	TRACTOR SERV	CHE			100.00
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name LINDA BARTZ

(2) I.D. Number _____

(3) Cover Period 07/26/2014 / _____ / _____ through 08/01/2014 / _____ / _____

(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
07/31/2014 / / 1	US POSTMASTER VETERANS HWY PORT ST LUCIE, FL	STAMPS	MON		49.00
08/01/2014 / /	US POSTMASTER VETERANS HWY PORT ST LUCIE, FL	STAMPS	MON		98.00
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