	CAMPAIGN TREASURE	R'S REPORT SUMMARY
(1)	Charlotte County Democratic Executive	e Committee OFFICE USE ONLY
•	Name	ONLINE SUBMISSION
(2)	3596 Tamiami Trl Unit 202	Submitted on:
	Address (number and street)	3/16/2019 17:38:09 (eastern)
	Port Charlotte, FL 33952	
	City, State, Zip Code	
	Check here if address has changed	(3) ID Number:206
(4)	Check appropriate box(es):	
	Candidate Office Sought:	
	Political Committee (PC)	□ 01 = 1 h # 20 500 has disheaded
	☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ ☐	☐ Check here if PC or ECO has disbanded ☐ Check here if PTY has disbanded
	☐ Independent Expenditure (IE) (also covers an	☐ Check here if no other IE or EC reports will be filed
	individual making electioneering communications)	
	(5) Report	Identifiers
Cove	er Period: From $1 / 1 / 2018$ To	
		ecial Election Report
(6)	Contributions This Report	(7) Expenditures This Report
		Monetary
Cash	h & Checks \$ , , 000	Expenditures \$ , , 0 . 00
1 aan	ns \$ , , 0.00	Towns for ma Ac-
Loan	ns \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$
Total	I Monetary \$ , , 0 . 00	Office Account \$ , , 0 . 00
TUta	1 Monetary	Total Monetary \$ , , _ 0 . 00
In-Ki	ind \$,,0.00	,,,
111-171	nd • , _ , _ ,	(8) Other Distributions
		(8) Other Distributions \$ , , <u>0</u> <u>00</u>
		, <u> </u>
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date
	\$	\$
	(11) Cert It is a first degree misdemeanor for any perso	
l a		• • • • • • •
ΙC	certify that I have examined this report and it is true, corre	ect, and complete:
_(T)	ype name)	(Type name)
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)
Х		X
	gnature	Signature

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name	harlotte	County	Democratic	Executi	ve Comm	2) J.D. Number		206	25
	1/1/20	18		3/31	/2018				
(3) Cover Period			through	1_	1	(4) Page	1	_ of _	L ———

(3) Cover Ferri	ou			v	(4) Fa		OI		
(5)  Date  (6)  Sequence  Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	C Type	(8) ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount		
12/31/1969 / /	Unkel, Marie 40 Robina St. Port Charlotte, FL 33954	Î	not employed	СН		Delete	\$100.00		
3/14/2018	Unkel, Marie 40 Robina St. Port Charlotte, FL 33954	I	not employed	СН		Add	\$100.00		
1 1									
1 1	_								
j j									
1 1									
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1 1									

• •	CAMPAIGN TREASURER'S REarlotte County Democratic Executive 1/1/2018 3/31 d / through	cutive Committee		<b>er</b> 206		
(5) Date	(7) Full Name	(8) Purpose	(9)	(10)	(11)	
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount	
//						
_//						
				To the state of th		

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DS-DE 14 (Rev. 11/13 )