

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Christopher George Constance
Name
 (2) 200 Harbor Walk Dr Unit 141
Address (number and street)
Punta Gorda,, FL 33950
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1056995]
 Submitted on:
 11/12/2013 16:39:01 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 397

(4) **Check appropriate box(es):**
 Candidate (office sought): County Commissioner District 2
 Political Committee **CHECK IF PC HAS DISBANDED**
 Committee of Continuous Existence **CHECK IF CCE HAS DISBANDED**
 Party Executive Committee **CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED**
 Electioneering Communication

(5) REPORT IDENTIFIERS
 Cover Period: From 10/1/2013 To 10/31/2013 Report Type M10
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks	\$	<u>1,950.00</u>
Loans	\$	<u>0.00</u>
Total Monetary	\$	<u>1,950.00</u>
In-Kind	\$	<u>0.00</u>

(7) EXPENDITURES THIS REPORT

Monetary Expenditures	\$	<u>0.00</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>0.00</u>

(8) Other Distributions
 \$ 0.00

(9) TOTAL Monetary Contributions To Date
 \$ 11,659.05

(10) TOTAL Monetary Expenditures To Date
 \$ 631.05

(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) <input type="checkbox"/> Individual (only for electioneering commun.) <input type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer X _____ Signature	I certify that I have examined this report and it is true, correct, and complete. _____ (Type name) <input type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC, PTY & electioneering commun. organization) X _____ Signature
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Christopher George Constance (2) I.D. Number 397
 10/1/2013 through 10/31/2013
 (3) Cover Period / / through / / (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		Type	Occupation			
10/4/2013 / /	Gutknecht, M.D., Michael G 190 Gulfview Road Punta Gorda, FL 33950	I	physician	CH		\$250.00
1						
10/18/2013 / /	Popescu, Dorian J 1720 Hudson Englewood, FL 34223-6424	I	engineer	CH		\$200.00
2						
10/30/2013 / /	Dunham, Deborah Jo 1691 Hunter Creek Drive Punta Gorda, FL 33982	I	registered nurse	CH		\$250.00
3						
10/30/2013 / /	Gregush, M.D., P.A., Eugene E 2525 Harbor Blvd Suite 201A Port Charlotte, FL 33952	B	medical practice	CH		\$250.00
4						
10/31/2013 / /	Noone MD, Thomas W 25188 E Marion Avenue F203 Punta Gorda, FL 33950	I	physician	CH		\$500.00
5						
10/31/2013 / /	Pulmonary Medicine, PA, Gulf Coast 3014 Tamiami Trail Port Charlotte, FL 33952	B	medical practice	CH		\$500.00
6						
/ /						
/ /						

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Christopher George Constance

(2) I.D. Number 397

10/1/2013 10/31/2013

(3) Cover Period / / through / /

(4) Page 1 of 0

(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					
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