

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

(1) Don Earl Monroe  
**Name**  
 (2) 4221 Bardot Rd  
**Address (number and street)**  
Port Charlotte, FL 33953  
**City, State, Zip Code**

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1057846]  
 Submitted on:  
 1/2/2014 13:07:13 (eastern)

**CHECK IF ADDRESS HAS CHANGED** (3) ID Number: 400

(4) **Check appropriate box(es):**  
 Candidate (office sought): County Commissioner District 4  
 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 12/1/2013 To 12/31/2013 Report Type M12  
 Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks	\$	<u>0.00</u>
Loans	\$	<u>0.00</u>
Total Monetary	\$	<u>0.00</u>
In-Kind	\$	<u>104.86</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**  
 \$ 3,200.00

**(10) TOTAL Monetary Expenditures To Date**  
 \$ 0.00

**(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 <b>X</b> _____ 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) <b>X</b> _____ Signature
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

**(1) Name** Don Earl Monroe **(2) I.D. Number** 400  
 12/1/2013 through 12/31/2013  
**(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		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
12/11/2013 / /	Monroe, Don Earl 4221 Bardot Rd Port Charlotte, Fl 33953	S		IK	print postcards		\$53.50
1							
12/18/2013 / /	Monroe, Don Earl 4221 Bardot Rd Port Charlotte, Fl 33953	S		IK	candy		\$8.56
2							
12/26/2013 / /	Monroe, Don Earl 4221 Bardot Rd Port Charlotte, Fl 33953	S		IK	print petition cards		\$42.80
3							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Don Earl Monroe

(2) I.D. Number 400

(3) Cover Period 12/1/2013 through 12/31/2013

(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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