	CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Paula K Schaff	OFFICE USE ONLY								
	Name	ONLINE SUBMISSION [1075803]								
(2)	26255 Stillwater Cir	Submitted on:								
	Address (number and street) Punta Gorda,, FL 33955	9/9/2014 20:00:05 (eastern)								
	City, State, Zip Code									
	☐ Check here if address has changed	(3) ID Number: 414								
(4)	Check appropriate box(es):									
	☐ Candidate Office Sought: County Commissioner District 2 ☐ 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								
Cove	er Period: From <u>5</u> / <u>1</u> / <u>2014</u> To									
0	riginal Amendment	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Casl	n & Checks \$, , ,000	Monetary								
Loar		Transfers to Office Account \$, , , 0 . 00								
Tota	I Monetary \$, , 0 . 00	Total Monetary \$, , 41 . 51								
In-Ki	and \$,,,0 . 00									
		(8) Other Distributions \$, , 000								
(9)	(9) TOTAL Monetary Contributions To Date \$\\ _\									
(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) Individual (only for IE Deputy Treasurer										
X		<u>X</u>								
Si	gnature	Signature								

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Paula K Schaff (2) I.D. Number 414								
	5/1/2014 od///		5	/31/2014 ///	(4) Pag	e	of	
(5) Date (6) Sequence Number	(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)	(12)	
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name P	Paula K Schaff						 (2) I.D. Number			414		
		5/	1/201	4		5/31/2	014					
(3) Cover Pe	eriod		1	1	through	1	1	(4) Page	1	of	1	

(5) Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a			
Number		candidate)	Expenditure Type	Amendment	Amount
5/6/2014	Harland Clarke On Line,	checks for campaign account	MO	Add	\$41.51
1		account			
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DS-DE 14 (Rev.					