

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

(1) Lou Spacco  
Name

(2) 3261 Montgomery dr  
Address (number and street)

Port Charlotte, FL 33981  
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
[1013435]

(3) ID Number: 146

(4) Check appropriate box(es):  
 Candidate (office sought): Property Appraiser

Political Committee

CHECK IF PC HAS DISBANDED

Committee of Continuous Existence

CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 11/5/2008 To 2/2/2009 Report Type TRGen

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>0.00</u>

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures	\$	<u>200.00</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>200.00</u>

**(8) Other Distributions**  
\$ 0.00

**(9) TOTAL Monetary Contributions To Date**  
\$ 17,670.00

**(10) TOTAL Monetary Expenditures To Date**  
\$ 16,989.62

**(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.

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(Type name) \_\_\_\_\_

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

**X** \_\_\_\_\_

Signature

(Type name) \_\_\_\_\_

Candidate  Chairperson (only for PC, PTY & electioneering commun. organization)

**X** \_\_\_\_\_

Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Lou Spacco (2) I.D. Number 146

11/5/2008 through 2/2/2009

(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) Contributor Type      Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Lou Spacco

(2) I.D. Number 146

(3) Cover Period 11/5/2008 through 2/2/2009

(4) Page 1 of 1

(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					
11/24/2008 / /	Spacco, Lou 3261 Montgomery Dr Port Charlotte, FL 33981	repayment of loan	DI	Delete	\$200.00
1					
11/24/2008 / /	Spacco, Lou 3261 Montgomery Dr Port Charlotte, FL 33981	repayment of loan	MO	Add	\$200.00
2					
/ /					
/ /					
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