

**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

OFFICE USE ONLY
ONLINE SUBMISSION
[1013583]

CHECK IF ADDRESS HAS CHANGED (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 \$ 0.00
 Loans \$ 0.00
 Total Monetary \$ 0.00
 In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 680.38
 Transfers to Office Account \$ 0.00
 Total Monetary \$ 680.38

(8) Other Distributions
 \$ 0.00

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

(10) TOTAL Monetary Expenditures To Date
 \$ 17,670.00

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>(Type name) _____</p> <p><input type="checkbox"/> Individual (only for electioneering commun.) <input type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer</p> <p>X _____</p> <p>Signature</p>	<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>(Type name) _____</p> <p><input type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC, PTY & electioneering commun. organization)</p> <p>X _____</p> <p>Signature</p>
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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	\$0.00
1					
12/5/2008 //	Charlotte County Rep. Exec Com, P.O. Box 380033 Murdock, FL 33938	dispersment of remaining campaign contributions	DI	Delete	\$680.38
2					
12/5/2008 //	Charlotte County Rep. Exec Com, P.O. Box 380033 Murdock, FL 33938	dispersment of remaining campaign contributions	MO	Add	\$680.38
3					
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