

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

(1) DON ARMSTRONG  
Name

(2) 1014 CONGRESS AVE, LEHIGH ACRES, FL 33972  
Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate (office sought): SCHOOL BOARD-4

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 7/31/2010 To 8/19/2010 / Report Type F3

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 \$ 60.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 60.00

(8) Other Distributions \$ 0.00

**(9) TOTAL Monetary Contributions To Date**

\$ 2,142.50

**(10) TOTAL Monetary Expenditures To Date**

\$ 2,139.45

**(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

(Type name)

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

**X**

Signature

**X**

Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name       DON ARMSTRONG       (2) I.D. Number       153      

7/31/2010 8/19/2010

(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 DON ARMSTRONG

(2) I.D. Number 153

(3) Cover Period 7/31/2010 through 8/19/2010

(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					
8/19/2010 / /	armstrong, don henry 1207 SE 6th St. Cape Coral, Fl 33990	repayment of loan	MO	Add	\$60.00
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