

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

(1) MIKE BONACOLTA

**Name**

(2) 814 SHADYSIDE ST, LEHIGH ACRES, FL 33936

**Address (number and street)**

**City, State, Zip Code**

**CHECK IF ADDRESS HAS CHANGED**

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

(4) **Check appropriate box(es):**

**Candidate (office sought):** EAST COUNTY WATER CONTROL-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 7/17/2010 To 7/30/2010 / Report Type F2

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 0.16

Loans \$ 0.00

Total Monetary \$ 0.16

In-Kind \$ 0.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 0.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 0.00

(8) Other Distributions \$ 0.00

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

\$ 2,820.16

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

\$ 2,080.15

**(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.

I certify that I have examined this report and it is true, correct, and complete.

(Type name)

(Type name)

Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

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

**X**

**X**

Signature

Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

**(1) Name** MIKE BONACOLTA **(2) I.D. Number** 179  
**(3) Cover Period** 7/17/2010 through 7/30/2010 **(4) Page** 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation				
7/22/2010 / /	PayPal, P O Box 45950 Omaha, NE 68145	B		CH		Add	\$0.03
1							
7/22/2010 / /	PayPal, P O Box 45950 Omaha, NE 68145	B		CH		Add	\$0.13
2							
/ /							
/ /							
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name MIKE BONACOLTA

(2) I.D. Number 179

(3) Cover Period 7/17/2010 through 7/30/2010

(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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