

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

(1) CAROL ANNE MORRIS  
Name

(2) 11580 ISLE OF PALMS DR, FORT MYERS BEACH, FL 33931  
Address (number and street)

City, State, Zip Code

**OFFICE USE ONLY** 196

CHECK IF ADDRESS HAS CHANGED

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

(4) Check appropriate box(es):

Candidate (office sought): FORT MYERS BEACH FIRE-3

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 10/9/2010 To 10/28/2010 Report Type G4

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks	\$	<u>50.00</u>
Loans	\$	<u>0.00</u>
Total Monetary	\$	<u>50.00</u>
In-Kind	\$	<u>0.00</u>

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures	\$	<u>4.00</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>4.00</u>

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

**(9) TOTAL Monetary Contributions To Date**  
\$ 550.00

**(10) TOTAL Monetary Expenditures To Date**  
\$ 475.70

**(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 CAROL ANNE MORRIS (2) I.D. Number 196

10/9/2010 through 10/28/2010

(3) Cover Period      /      /      through      /      /      (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type			
10/27/2010 / /	Smith, Pat A. 50 Fairview Blvd. Fort Myers Beach, FL 33931	I	ret'd	CH			\$50.00
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name CAROL ANNE MORRIS

(2) I.D. Number 196

(3) Cover Period 10/9/2010 through 10/28/2010

(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					
10/27/2010 / /	Morris, Carol A. 11580 Isle of Palms Dr. Fort Myers Beach, FL 33931	cookie mix for candidates debate	MO		\$4.00
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