

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

(1) NEAL HORROM

**Name**

(2) 221 ROOSEVELT AVE, 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-2

**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 10/29/2010 To 1/31/2011 Report Type TR-4

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    \$ 65.37

Transfers to Office Account    \$ 0.00

Total Monetary    \$ 65.37

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

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

\$ 5,149.03

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

\$ 5,149.03

**(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) \_\_\_\_\_

(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 NEAL HORROM (2) I.D. Number 224

10/29/2010 through 1/31/2011

(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 NEAL HORROM

(2) I.D. Number 224

(3) Cover Period 10/29/2010 through 1/31/2011

(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					
12/30/2010 / /	Horrom, Neal 221 Roosevelt Ave Lehigh Acres, FL 33936	repayment of personal loan	DI		\$65.37
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