

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

(1) CATHY KRUSE
Name

(2) 738 ARTHUR 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): LEHIGH ACRES 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 8/20/2010 To 9/10/2010 / Report Type G1

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 500.00

Loans \$ 0.00

Total Monetary \$ 500.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 17.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 17.00

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 1,025.00

(10) TOTAL Monetary Expenditures To Date

\$ 17.00

(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 CATHY KRUSE (2) I.D. Number 299

(3) Cover Period 8/20/2010 through 9/10/2010 (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				
8/30/2010 / /	SWFL Prof. FF & Paramedics, 2030 West 1st Street Suite C Fort Myers, FL 33901	O	local 1826/iaff inc.	CH			\$500.00
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name CATHY KRUSE

(2) I.D. Number 299

(3) Cover Period 8/20/2010 through 9/10/2010

(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					
8/31/2010 / /	Bank of America, PO Box 25118 Tampa, FL 33622	maintenan monthly ce fee for checking account	MO		\$17.00
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