

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

<p>(1) <u>STEVE LOHAN</u> <b>Name</b></p> <p>(2) <u>27101 EDENBRIDGE CT, BONITA SPRINGS, FL 34135</u> <b>Address (number and street)</b></p> <p>_____ <b>City, State, Zip Code</b></p>	<p><b>OFFICE USE ONLY</b>      543</p>
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**CHECK IF ADDRESS HAS CHANGED**      (3) ID Number: \_\_\_\_\_

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

Candidate (office sought): BONITA SPRINGS FIRE-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 9/15/2012      To 9/28/2012      /      Report Type G2

Original     Amendment     Special Election Report     Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks	\$ <u>100.00</u>
Loans	\$ <u>0.00</u>
Total Monetary	\$ <u>100.00</u>
In-Kind	\$ <u>0.00</u>

**(7) EXPENDITURES THIS REPORT**

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

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

**(9) TOTAL Monetary Contributions To Date**  
\$ 100.00

**(10) TOTAL Monetary Expenditures To Date**  
\$ 0.00

**(11) CERTIFICATION**

**It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)**

<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>(Type name) _____</p> <p><input type="checkbox"/> Individual (only for electioneering commun.)    <input type="checkbox"/> Treasurer    <input type="checkbox"/> Deputy Treasurer</p> <p><b>X</b> _____</p> <p>Signature</p>	<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>(Type name) _____</p> <p><input type="checkbox"/> Candidate      <input type="checkbox"/> Chairperson (only for PC, PTY &amp; electioneering commun. organization)</p> <p><b>X</b> _____</p> <p>Signature</p>
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name STEVE LOHAN (2) I.D. Number 543  
 9/15/2012 through 9/28/2012  
 (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 Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
9/28/2012 / /	Wulber, Susan 6626 Monterey Pt Naples, FL 34105	I		CH			\$100.00
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name STEVE LOHAN

(2) I.D. Number 543

(3) Cover Period 9/15/2012 through 9/28/2012

(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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