FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) LORRIE WOLF	OFFICE USE ONLY 607							
Name								
(2) 231 EGRET ST, FORT MYERS BEACH, FL 33931	<u> </u>							
Address (number and street)								
City, State, Zip Code								
☐ CHECK IF ADDRESS HAS CHANGED	(3) ID Number:							
(4) Check appropriate box(es):  \[ \textstyle \text{Candidate (office sought):} \]  FORT MYERS BEA								
☐ 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   8/10/2012   To	9/14/2012 / Report Type G1							
☑ Original ☐ Amendment ☐ Special Election	Report							
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT							
Cash & Checks \$	Monetary Expenditures \$ 9.00							
Loans \$	Transfers to Office Account \$ 0.00							
Total Monetary \$	Total Monetary \$ 9.00							
In-Kind \$								
	(8) Other Distributions \$0.00							
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
\$	\$93.80_							
(11) CERTIFICATION								
It is a first degree misdemeanor for any pers	on 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.)	Candidate Chairperson (only for PC, PTY & electioneering commun. organization)							
X	X							
Signature	Signature							

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name LORRIE WOLF (2) I.D. Number 607							
	8/10/2012		9	/14/2012			
(3) Cover Perio	od / /	thro	ough	1 1	(4) Pag	<b>e</b> 1	of <sup>0</sup>
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(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name		(0)	(0)	(10)	X 11	(12)
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &	C	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
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## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name _	LORRIE	WOLF					 (2) I.D. Num	nber	6	507	- Pr
		8/10/2	012		9/14/20	12					
(3) Cover F	Period		1	through	1	1	 (4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
8/27/2012	Wells Fargo Bank, N.A., P. O. Box 6995 Portland, OR 97228-6995	banking fee	МО		\$9.00
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