

# CAMPAIGN TREASURER'S REPORT SUMMARY

**OFFICE USE ONLY**

(1) DONNA CLARKE

Name

(2) PO BOX 542, FORT MYERS, FL 33902

Address (number and street)

City, State, Zip Code

Check here if address has changed

(3) ID Number: 1049

(4) Check appropriate box(es):

Candidate Office Sought: LEE MEMORIAL HEALTH SYSTEM-2

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

**(5) Report Identifiers**

Cover Period: From 8/9/2014 To 8/21/2014 Report Type: P7

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$        ,        ,        . 70.00

Loans \$        ,        ,        . 0.00

Total Monetary \$        ,        ,        . 70.00

In-Kind \$        ,        ,        . 0.00

**(7) Expenditures This Report**

Monetary Expenditures \$        ,        ,        . 325.00

Transfers to Office Account \$        ,        ,        . 0.00

Total Monetary \$        ,        ,        . 325.00

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

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

\$        ,        ,        . 1,261.00

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

\$        ,        ,        . 586.10

**(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:

(Type name) \_\_\_\_\_

Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

**X** \_\_\_\_\_  
Signature

(Type name) \_\_\_\_\_

Candidate  Chairperson (only for PC and PTY)

**X** \_\_\_\_\_  
Signature

# CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name           DONNA CLARKE           (2) I.D. Number           1049          

(3) Cover Period           8/9/2014           /           /           /           /           through           8/21/2014           /           /           /           /           (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
8/15/2014 / /	Keyes , Arlene Apt. #4 3309 Prince Edward Isle Circle Fort Myers, FL 33907	I		CHE			\$50.00
1							
8/20/2014 / /	O'Donnell, Shirley Unit #304 1500 SW 50th Street Cape Corl, FL 33914-7221	I		CAS			\$20.00
2							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name DONNA CLARKE

(2) I.D. Number 1049

(3) Cover Period 8/9/2014 through 8/21/2014

(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					
8/20/2014 / /	Lee Mem Health Sys Foundation, Suite 200 16451 Health Park Commons Dr Fort Myers, FL 33908	1 tkt./ children 's hospital fundraiser	MON		\$175.00
1					
8/19/2014 / /	Karnes, Kevin 1520 Paloma Drive Fort Myers, FL 33901	campaign technical support	MON		\$150.00
2					
/ /					
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/ /					
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