

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 10/31/2014 / / To 2/2/2015 / / Report Type: TRG

Original Amendment Special Election 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 \$, , . 402.32

Transfers to Office Account \$, , . 0.00

Total Monetary \$, , . 402.32

(8) Other Distributions 0.00
\$, , .

(9) TOTAL Monetary Contributions To Date

\$, , . 4,293.00

(10) TOTAL Monetary Expenditures To Date

\$, , . 4,293.00

(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:

(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 10/31/2014 through 2/2/2015 (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
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name DONNA CLARKE

(2) I.D. Number 1049

(3) Cover Period 10/31/2014 through 2/2/2015

(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					
10/31/2014 / /	Edison National Bank, 13000 S Cleveland Ave. Fort Myers, FL 33907	bank charges	MON		\$15.00
1					
10/31/2014 / /	Tiger Bay Club of SW FL, PO BOX 9264 Fort Myers, FL 33902	event	MON		\$100.00
2					
11/14/2014 / /	Rum Runners Restaurant, 5843 Cape Harbour Drive Cape Coral, FL 33914	dinner volunteers	MON		\$110.40
3					
11/21/2014 / /	Clarke, Donna 1343 Shadow Lane Fort Myers, FL 33901-7734	supplies/ office luncheon expenses	MON		\$176.92
4					
/ /					
/ /					
/ /					
/ /					