

CAMPAIGN TREASURER'S REPORT SUMMARY

OFFICE USE ONLY

(1) ROBERT RAYMOND

Name

(2) 393 DONORA BLVD, FORT MYERS BEACH, FL 33931

Address (number and street)

City, State, Zip Code

Check here if address has changed

(3) ID Number: 1053

(4) Check appropriate box(es):

Candidate Office Sought: FORT MYERS BEACH FIRE-1

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 \$, , . 56.77

Transfers to Office Account \$, , . 0.00

Total Monetary \$, , . 56.77

(8) Other Distributions 0.00
\$, , .

(9) TOTAL Monetary Contributions To Date

\$, , . 1,610.00

(10) TOTAL Monetary Expenditures To Date

\$, , . 1,635.00

(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 ROBERT RAYMOND (2) I.D. Number 1053

(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
(6) Sequence Number		Type	Occupation	Type	Description		Amount
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name ROBERT RAYMOND

(2) I.D. Number 1053

10/31/2014 through 2/2/2015

(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) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
11/12/2014	Raymond, Robert 393 Donora Blvd	reimbursm ent of	DIS		\$56.77
1	Fort Myers Beach, FL 33931	campaign loan			
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