

CAMPAIGN TREASURER'S REPORT SUMMARY

OFFICE USE ONLY

(1) EDWARD PATRICK FITZGERALD
 Name
 (2) 13100 SOUTHAMPTON DR, BONITA SPRINGS, FL 34135
 Address (number and street)

 City, State, Zip Code

(3) ID Number: 1055

Check here if address has changed

(4) Check appropriate box(es):

Candidate Office Sought: BONITA SPRINGS FIRE-1

Political Committee (PC)

Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded

Party Executive Committee (PTY) Check here if PTY has disbanded

Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 8/30/2014 / / To 9/12/2014 / / Report Type: G2

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 \$, , . 3.00

Transfers to Office Account \$, , . 0.00

Total Monetary \$, , . 3.00

(8) Other Distributions 0.00

\$, , .

(9) TOTAL Monetary Contributions To Date

\$, , . 525.00

(10) TOTAL Monetary Expenditures To Date

\$, , . 91.15

(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:

| | |
|---|--|
| <p>(Type name) _____</p> <p><input type="checkbox"/> Individual (only for IE or electioneering comm.) <input type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer</p> <p>X _____</p> <p>Signature</p> | <p>(Type name) _____</p> <p><input type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC and PTY)</p> <p>X _____</p> <p>Signature</p> |
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name EDWARD PATRICK FITZGERALD (2) I.D. Number 1055

(3) Cover Period 8/30/2014 / / through 9/12/2014 / / (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 | | | | | | | |
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name EDWARD PATRICK FITZGERALD

(2) I.D. Number 1055

8/30/2014 through 9/12/2014

(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 | | | | | |
| 9/1/2014 / / | Fifth Third Bank, Bonita Beach Road Bonita Springs , Fl 34135 | bank service charge | MON | | \$3.00 |
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