

## 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 8/9/2014 /     /     To 8/21/2014 /     /     Report Type: P7

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 \$     ,     ,     . 88.15

Transfers to Office Account \$     ,     ,     . 0.00

Total Monetary \$     ,     ,     . 88.15

**(8) Other Distributions** 0.00

\$     ,     ,     .    

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

\$     ,     ,     . 525.00

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

\$     ,     ,     . 88.15

**(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:

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

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

(3) Cover Period 8/9/2014 /      /      through 8/21/2014 /      /      (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
/      /							
/      /							
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name EDWARD PATRICK FITZGERALD

(2) I.D. Number 1055

8/9/2014

8/21/2014

(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					
8/19/2014 / /	Fifth third bank, Bonita beach road Bonita Springs, Fl 34135	checks: bank charge	MON		\$88.15
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