

CAMPAIGN TREASURER'S REPORT SUMMARY

OFFICE USE ONLY

(1) DIANE STALFIERE
 Name
 (2) 15100 MILAGROSA DR, #205, FORT MYERS, FL 33908
 Address (number and street)

 City, State, Zip Code

(3) ID Number: 1077

Check here if address has changed

(4) Check appropriate box(es):

Candidate Office Sought: LAGUNA LAKES CDD-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

10/18/2014 (5) Report Identifiers 10/30/2014

Cover Period: From ____ / ____ / ____ To ____ / ____ / ____ Report Type: G7

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , _____ 20.65

Loans \$ _____ , _____ , _____ 0.00

Total Monetary \$ _____ , _____ , _____ 20.65

In-Kind \$ _____ , _____ , _____ 0.00

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , _____ 20.65

Transfers to Office Account \$ _____ , _____ , _____ 0.00

Total Monetary \$ _____ , _____ , _____ 20.65

(8) Other Distributions 0.00

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , _____ 20.65

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , _____ 20.65

(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 DIANE STALFIERE (2) I.D. Number 1077

(3) Cover Period 10/18/2014 through 10/30/2014 (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
10/28/2014 / /	Stalfiere, Diane 15100 Milagrosa Dr 205 Fort Myers, Fl 33908	I		CHE			\$20.65
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name DIANE STALFIERE

(2) I.D. Number 1077

(3) Cover Period 10/18/2014 through 10/30/2014

(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					
10/29/2014 //	Pebble Beach , 15751 San Carlos Blvd Fort Myers, Fl 33908	paragraph in newsletter	MON		\$20.65
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