

# 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

10/31/2014 (5) Report Identifiers 2/2/2015

Cover Period: From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Report Type: TRG

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$ \_\_\_\_ , \_\_\_\_ , \_\_\_\_ .00

Loans \$ \_\_\_\_ , \_\_\_\_ , \_\_\_\_ .00

Total Monetary \$ \_\_\_\_ , \_\_\_\_ , \_\_\_\_ .00

In-Kind \$ \_\_\_\_ , \_\_\_\_ , \_\_\_\_ .00

**(7) Expenditures This Report**

Monetary Expenditures \$ \_\_\_\_ , \_\_\_\_ , \_\_\_\_ .00

Transfers to Office Account \$ \_\_\_\_ , \_\_\_\_ , \_\_\_\_ .00

Total Monetary \$ \_\_\_\_ , \_\_\_\_ , \_\_\_\_ .00

**(8) Other Distributions** 0.00

\$ \_\_\_\_ , \_\_\_\_ , \_\_\_\_ .00

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

\$ \_\_\_\_ , \_\_\_\_ , \_\_\_\_ .65

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

\$ \_\_\_\_ , \_\_\_\_ , \_\_\_\_ .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><b>X</b> _____</p> <p>Signature</p>	<p>(Type name) _____</p> <p><input type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC and PTY)</p> <p><b>X</b> _____</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 10/31/2014 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) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
12/31/2005 / /	diane, stalfiere marie 15100 milagrosa dr # 205 fort myers, fl 33908	I		CHE			\$0.00
1							
2/1/2015 / /	Stalfiere, Diane marie 15100 milagrosa dr # 205 fort myers, fl 33908	I		CHE	non		\$0.00
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name DIANE STALFIERE

(2) I.D. Number 1077

(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					
2/1/2015 / /	stalfiere, diane marie 15100 milagrosa dr # 205 fort myers, fl 33908	n/a	MON		\$0.00
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