

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) DON STILWELL

Name

(2) 1212 BRAMAN AVE, FORT MYERS, FL 33901

Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) **Check appropriate box(es):**

Candidate (office sought): COUNTY COMMISSIONER-4

Political Committee

CHECK IF PC HAS DISBANDED

Committee of Continuous Existence

CHECK IF CCE HAS DISBANDED

Party Executive Committee

Electioneering Communication

**CHECK IF NO OTHER ELECTIONEERING
COMMUNICATION REPORTS WILL BE FILED**

(5) REPORT IDENTIFIERS

Cover Period: From 10/1/2013 To 10/31/2013 Report Type M10

Original Amendment Special Election Report Independent Expenditure 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 \$ -487.45

Transfers to Office Account \$ 0.00

Total Monetary \$ -487.45

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 8,495.00

(10) TOTAL Monetary Expenditures To Date

\$ 3,404.80

(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.

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(Type name)

(Type name)

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X

X

Signature

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name DON STILWELL (2) I.D. Number 749

10/1/2013 10/31/2013

(3) Cover Period / / through / / (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 DON STILWELL

(2) I.D. Number 749

(3) Cover Period 10/1/2013 through 10/31/2013

(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					
10/24/2013 //	Sanders, Erleene 1300 Shadow Lane Fort Myers, FL 33901	refund of excess in contribution	RE	Delete	\$50.00
1					
10/24/2013 //	Sanders, Erleene 1300 Shadow Lane Fort Myers, FL 33901	refund of excess in contribution	RE	Add	\$0.00
2					
10/24/2013 //	Dinkle, Millie 867 Cypress Lake Circle Fort Myers, FL 33919	refund of excess in contribution	RE	Delete	\$437.45
3					
10/24/2013 //	Dinkle, Millie 867 Cypress Lake Circle Fort Myers, FL 33919	refund of excess in contribution	RE	Add	\$0.00
4					
//					
//					
//					
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