FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) DON STILWELL	OFFICE USE ONLY 749							
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): X Candidate (office sought): COUNTY COMMISS	IONER-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							
Cover Period: From $\frac{11}{1}$ To	IDENTIFIERS 11/30/2013 / Report Type M11							
☐ Amendment ☐ Special Election	Report Independent Expenditure Report							
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT							
Cash & Checks \$0.00	Monetary Expenditures \$ 571.50							
Loans \$	Transfers to Office Account \$ 0.00							
Total Monetary \$	Total Monetary \$ 571.50							
In-Kind \$	371.30							
	(8) Other Distributions \$0.00							
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
\$7,895.00	\$3,892.25_							
(11) CERT	IFICATION							
It is a first degree misdemeanor for any pers	on 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. I certify that I have examined this report and it is true, correct, and complete.								
(Type name)	(Type name)							
Individual (only for electioneering commun.)	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. Numbe	er	49
	11/1/2013		1	1/30/2013			
(3) Cover Perio	od / /	thro			(4) Pag	e 1	of ⁰
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(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date	Full Name						
(6)	(Last, Suffix, First, Middle)						
Sequence	Street Address &		ntributor	Contribution	In-kind		
Number		1		ACCURACIONAL ACCURACIONAL DE LA CONTRACTOR DEL CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR		Amendment	Amazunt
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	ON	STILV	ELL	131 11000					 (2) I.D. Nun	nber	-	749	30
		11	/1/2	013		11/	30/	2013		·			
(3) Cover Pe	rio	ı	1	1	through		1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
11/12/2013	Dinkle, Millie 867 Cypress Lake Circle Fort Myers, FL 33919	refund contribut excess ions	RE		\$437.45
11/12/2013	Sanders, Erleene 1300 Shadow Lane Fort Myers, FL 33901	refund contribut excess ion	RE		\$50.00
11/20/2013	Finemark National Bank & Trust, 12681 Creekside Lane Fort Myers, FL 33919	service fee for stop payment of check	МО		\$30.00
11/7/2013	Stilwell, Tiffney 1212 Braman Avenue Fort Myers, Fl 33901	postage and note cards	МО		\$54.05
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