

CAMPAIGN TREASURER'S REPORT SUMMARY

OFFICE USE ONLY

(1) RICHARD DUANE PAUL
 Name
 (2) 19501 PINE ECHO RD, NORTH FORT MYERS, FL 33917
 Address (number and street)

 City, State, Zip Code

Check here if address has changed

(3) ID Number: 775

(4) Check appropriate box(es):

- Candidate Office Sought: LEE COUNTY MOSQUITO CONTROL-4
- 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 10/18/2014 / / To 10/30/2014 / / Report Type: G7

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 200.00

Loans \$, , 0.00

Total Monetary \$, , 200.00

In-Kind \$, , 0.00

(7) Expenditures This Report

Monetary Expenditures \$, , 159.00

Transfers to Office Account \$, , 0.00

Total Monetary \$, , 159.00

(8) Other Distributions 0.00

\$, , .

(9) TOTAL Monetary Contributions To Date

\$, , 740.00

(10) TOTAL Monetary Expenditures To Date

\$, , 339.20

(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 RICHARD DUANE PAUL (2) I.D. Number 775

(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
10/20/2014 / /	Couillard, Charlene I 11181 Bent Pine Dr Fort Myers, FL 33913		physician assistant	CHE			\$200.00
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name RICHARD DUANE PAUL

(2) I.D. Number 775

(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					
10/28/2014 / /	High Impact Designz, LLC, 735 NE 19TH PL CAPE CORAL, FL 33909	signs	MON		\$159.00
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