

# CAMPAIGN TREASURER'S REPORT SUMMARY

**OFFICE USE ONLY**

(1) DON H ARMSTRONG

Name

(2) 1320 LAVIN LN, NORTH FORT MYERS, FL 33917

Address (number and street)

City, State, Zip Code

Check here if address has changed

(3) ID Number: 785

(4) Check appropriate box(es):

Candidate Office Sought: SCHOOL BOARD-4

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

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    \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . 25.00

Loans    \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . 0.00

Total Monetary    \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . 25.00

In-Kind    \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . 0.00

**(7) Expenditures This Report**

Monetary Expenditures    \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . 2.28

Transfers to Office Account    \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . 0.00

Total Monetary    \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . 2.28

(8) Other Distributions    0.00  
\$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ .

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

\$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . 4,133.00

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

\$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . 4,049.01

**(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:

(Type name)

Individual (only for IE or electioneering comm.)     Treasurer     Deputy Treasurer

**X**

Signature

(Type name)

Candidate     Chairperson (only for PC and PTY)

**X**

Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name DON H ARMSTRONG (2) I.D. Number 785

(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
10/30/2014 / /	wood, colleen 1540 ansley place saint johns, fl 32259	I	sahm	CHE		Add	\$25.00
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name DON H ARMSTRONG

(2) I.D. Number 785

(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					
10/30/2014 / /	piryx inc, 144 2nd st. 1st floor san Francisco, ca 94105	usage fee	MON	Add	\$2.28
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