

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

(5) Report Identifiers 5/1/2014 5/31/2014

Cover Period: From 5/1/2014 / / To 5/31/2014 / / Report Type: M5

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 \$, , . 10.00

Transfers to Office Account \$, , . 00

Total Monetary \$, , . 10.00

(8) Other Distributions 0.00
\$, , .

(9) TOTAL Monetary Contributions To Date

\$, , . 100.00

(10) TOTAL Monetary Expenditures To Date

\$, , . 10.00

(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 5/1/2014 / / / / through 5/31/2014 / / / / (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 H ARMSTRONG

(2) I.D. Number 785

(3) Cover Period 5/1/2014 through 5/31/2014

(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					
5/30/2014 / /	regions bank, 13520 north Cleveland ave. north fort myers, fl 33903	monthly bank fee	MON		\$10.00
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