

## CAMPAIGN TREASURER'S REPORT SUMMARY

**OFFICE USE ONLY**

(1) VICTOR DOTRES

Name

(2) 9806 COUNTRY OAKS DR, FORT MYERS, FL 33967

Address (number and street)

City, State, Zip Code

Check here if address has changed

(3) ID Number: 799

(4) Check appropriate box(es):

Candidate Office Sought: LEE MEMORIAL HEALTH SYSTEM-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

Cover Period: From 6/1/2014 /     /     To 6/20/2014 /     /     Report Type: P1

Original       Amendment       Special Election 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      \$     ,     ,     . 100.00

Transfers to Office Account      \$     ,     ,     . 0.00

Total Monetary      \$     ,     ,     . 100.00

(8) Other Distributions      \$     ,     ,     . 0.00

### (9) TOTAL Monetary Contributions To Date

\$     ,     ,     . 100.00

### (10) TOTAL Monetary Expenditures To Date

\$     ,     ,     . 100.00

### (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 VICTOR DOTRES (2) I.D. Number 799

(3) Cover Period 6/1/2014 /          /          through 6/20/2014 /          /          (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 VICTOR DOTRES

(2) I.D. Number 799

(3) Cover Period 6/1/2014 through 6/20/2014

(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					
6/3/2004 / / 1	Vistaprint USA, 95 Hayden Avenue Lexington, MA 02421	business cards	MON		\$51.97
6/9/2014 / / 2	Dotres, Victor 9806 Country Oaks Drive Fort Myers, FL 33967	refund	REF		\$48.03
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