

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-1

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 10/31/2014 / / To / / 2/2/2015 Report Type: TRG

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 \$, , . 75.00

Transfers to Office Account \$, , . 0.00

Total Monetary \$, , . 75.00

(8) Other Distributions \$, , . 0.00

(9) TOTAL Monetary Contributions To Date

\$, , . 200.00

(10) TOTAL Monetary Expenditures To Date

\$, , . 200.00

(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 10/31/2014 through 2/2/2015 (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
(6) Sequence Number		Type	Occupation	Type	Description		Amount
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name VICTOR DOTRES

(2) I.D. Number 799

(3) Cover Period 10/31/2014 through 2/2/2015

(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					
11/5/2014 / /	Dotres, Victor 9806 Country Oaks Drive Fort Myers, FL 33967	refund	REF		\$75.00
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