

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) JOYCE JACOBS BOTCHFORD

Name

(2) 6789 CARMELLE DR, FORT MYERS, FL 33919

Address (number and street)

City, State, Zip Code

Check here if address has changed

(3) ID Number: 971

(4) Check appropriate box(es):

Candidate Office Sought: IONA-MCGREGOR FIRE-2

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 10/4/2014 / / To 10/10/2014 / / Report Type: G5

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 \$, , 7.00

Transfers to Office Account \$, , 0.00

Total Monetary \$, , 7.00

(8) Other Distributions \$, , 0.00

(9) TOTAL Monetary Contributions To Date

\$, , 2,875.00

(10) TOTAL Monetary Expenditures To Date

\$, , 2,782.87

(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 JOYCE JACOBS BOTCHFORD (2) I.D. Number 971

(3) Cover Period 10/4/2014 / / / / through 10/10/2014 / / / / (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
10/8/2014 / /	Laurie, Tina B 5260 S Landings Drive Apt 407 Fort Myers, FL 33919	I		CHE			\$25.00
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name JOYCE JACOBS BOTCHFORD

(2) I.D. Number 971

(3) Cover Period 10/4/2014 through 10/10/2014

(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					
10/10/2014 / /	Regions Bank, 8655 College Parkway SW Fort Myers, FL 33919	service charge	MON		\$7.00
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