

# CAMPAIGN TREASURER'S REPORT SUMMARY

**OFFICE USE ONLY**

(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 8/9/2014 /     /     To 8/21/2014 /     /     Report Type: P7

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      \$     ,     ,     . -0.51

Transfers to Office Account      \$     ,     ,     . 0.00

Total Monetary      \$     ,     ,     . -0.51

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

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

\$     ,     ,     . 2,710.00

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

\$     ,     ,     . 683.87

**(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           8/9/2014           /           /           /           /           through           8/21/2014           /           /           /           /           (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 JOYCE JACOBS BOTCHFORD

(2) I.D. Number 971

(3) Cover Period 8/9/2014 through 8/21/2014

(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					
8/15/2014 / /	Trophy Case of Ft Myers, 12830 Metro Pky Unit # 12 Fort Myers, FL 33966	name badge	MON	Delete	\$9.01
1					
8/15/2014 / /	Trophy Case of Ft Myers, 12830 Metro Pky Unit # 12 Fort Myers, FL 33966	name badge	MON	Add	\$8.50
2					
/ /					
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