

# CAMPAIGN TREASURER'S REPORT SUMMARY

**OFFICE USE ONLY**

(1) FRED SCHAERF

Name

(2) 14271 METROPOLIS AVE, FORT MYERS, FL 33912

Address (number and street)

City, State, Zip Code

Check here if address has changed

(3) ID Number: 991

(4) Check appropriate box(es):

Candidate Office Sought: LEE MEMORIAL HEALTH SYSTEM-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 9/27/2014 /    /    To 10/3/2014 /    /    Report Type: G4

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	\$	_____	_____	_____	-25.00
Transfers to Office Account	\$	_____	_____	_____	0.00
Total Monetary	\$	_____	_____	_____	-25.00

**(8) Other Distributions** 0.00

\$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_ . \_\_\_\_\_

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

\$ \_\_\_\_\_ , \_\_\_\_\_ , 39,150.00

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

\$ \_\_\_\_\_ , \_\_\_\_\_ , 38,556.20

**(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:

<p>(Type name) _____</p> <p><input type="checkbox"/> Individual (only for IE or electioneering comm.)    <input type="checkbox"/> Treasurer    <input type="checkbox"/> Deputy Treasurer</p> <p><b>X</b> _____</p> <p>Signature</p>	<p>(Type name) _____</p> <p><input type="checkbox"/> Candidate    <input type="checkbox"/> Chairperson (only for PC and PTY)</p> <p><b>X</b> _____</p> <p>Signature</p>
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name FRED SCHAEFER (2) I.D. Number 991

(3) Cover Period 9/27/2014 /      /      through 10/3/2014 /      /      (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 FRED SCHAERF

(2) I.D. Number 991

(3) Cover Period 9/27/2014 through 10/3/2014

(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					
10/1/2014 / /	Butterfly Estates, 1815 Fowler Street Fort Myers, FL 33901	event-cam paign forum	MON	Delete	\$25.00
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