

## CAMPAIGN TREASURER'S REPORT SUMMARY

**OFFICE USE ONLY**

(1) NANCY D APPERSON

Name

(2) 12939 5TH ST, FORT MYERS, FL 33905

Address (number and street)

City, State, Zip Code

Check here if address has changed

(3) ID Number: 995

(4) Check appropriate box(es):

Candidate Office Sought: FORT MYERS SHORES FIRE-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

10/31/2014 (5) Report Identifiers 2/2/2015

Cover Period: From      /      /      To      /      /      Report Type: TRG

Original       Amendment       Special Election Report

**(6) Contributions This Report**

Cash & Checks      \$      ,      ,      . 00

Loans      \$      ,      ,      . 00

Total Monetary      \$      ,      ,      . 00

In-Kind      \$      ,      ,      . 00

**(7) Expenditures This Report**

Monetary Expenditures      \$      ,      ,      . 29.82

Transfers to Office Account      \$      ,      ,      . 00

Total Monetary      \$      ,      ,      . 29.82

(8) Other Distributions      \$      ,      ,      . 00

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

\$      ,      ,      . 300.00

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

\$      ,      ,      . 300.00

**(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 NANCY D APPERSON (2) I.D. Number 995

(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
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name NANCY D APPERSON

(2) I.D. Number 995

(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					
12/29/2014 / /	Apperson, Nancy Darlene 12939 Fifth Street Fort Myers , Fl 33905	re-imburs ement	DIS		\$29.82
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