

CAMPAIGN TREASURER'S REPORT SUMMARY

OFFICE USE ONLY

(1) KENNETH D DOBSON
 Name
 (2) 6701 NALLE GRADE RD, NORTH FORT MYERS, FL 33917
 Address (number and street)

 City, State, Zip Code

(3) ID Number: 1123

Check here if address has changed

(4) Check appropriate box(es):

- Candidate Office Sought: COUNTY COMMISSIONER-5
- Political Committee (PC)
- Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded
- Party Executive Committee (PTY) Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 4/1/2015 / / To 4/30/2015 / / Report Type: M4

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 290.00

Loans \$, , 0.00

Total Monetary \$, , 290.00

In-Kind \$, , 0.00

(7) Expenditures This Report

Monetary Expenditures \$, , 0.00

Transfers to Office Account \$, , 0.00

Total Monetary \$, , 0.00

(8) Other Distributions 0.00

\$, , .

(9) TOTAL Monetary Contributions To Date

\$, , 290.00

(10) TOTAL Monetary Expenditures To Date

\$, , 0.00

(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:

<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>X _____</p> <p>Signature</p>	<p>(Type name) _____</p> <p><input type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC and PTY)</p> <p>X _____</p> <p>Signature</p>
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name KENNETH D DOBSON **(2) I.D. Number** 1123

(3) Cover Period 4/1/2015 / / through 4/30/2015 / / **(4) Page** 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number							
4/13/2015 / /	Macomber, Robert N 2772 York Rd St. James City, FL 33956	I	retired lcso	CHE			\$100.00
1							
4/28/2015 / /	Moore, Andy 1190 Hwy 56 South Swainsboro, GA 30401	I		CAS			\$50.00
2							
4/28/2015 / /	Moore, William 235 35th Ave NW Naples, FL 34120	I		CAS			\$50.00
3							
4/28/2015 / /	Moore, Barbara 1190 Hwy 56 South Swainsboro, GA 30401	I		CAS			\$50.00
4							
4/28/2015 / /	Moore, Susan 235 35th Ave NW Naples, FL 34120	I		CAS			\$40.00
5							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name KENNETH D DOBSON

(2) I.D. Number 1123

(3) Cover Period 4/1/2015 through 4/30/2015

(4) Page 1 of 0

(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					
/ /					
/ /					
/ /					
/ /					
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