	CAMPAIGN TREASURE	R'S REPORT SUMMARY									
(1)	DIANE ZIGROSSI	OFFICE USE ONLY									
- T	Name	ONLINE SUBMISSION									
(2)	20012 PETRUCKA CIR N	Submitted on:									
	Address (number and street)	6/30/2016 17:07:08 (eastern)									
	LEHIGH ACRES, FL 33936  City, State, Zip Code	<del></del>									
	Check here if address has changed	(3) ID Number: 1159									
(4)	Check appropriate box(es):	(6)									
\ · · ·	Candidate Office Sought: COUNTY COMMISSIONER-5  ☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications) ☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed										
	(5) Report	Identifiers									
Cove	er Period: From 6 / 1 / 2016 To	6 / 24 / 2016 Report Type: P1									
X O		ecial Election Report									
(6)	Contributions This Report	(7) Expenditures This Report									
	h & Checks \$ , , <u>235</u> . <u>00</u>	Monetary									
Loar	s , , , <u>0</u> . <u>00</u>	Transfers to Office Account \$ , , 0 . 00									
	Monetary \$,, 235 . 00	Total Monetary \$ , 5 , <u>310</u> . <u>24</u>									
In-Ki	ind \$,,000										
		(8) Other Distributions \$ , , <u>0</u> 00									
(9) TOTAL Monetary Contributions To Date \$ , 9 , _62953											
<u>(T</u>	(11) Cert It is a first degree misdemeanor for any perse certify that I have examined this report and it is true, corre Type name) Individual (only for IE Treasurer Deputy Treasurer electioneering comm.)	on to falsify a public record (ss. 839.13, F.S.)									
<u>X</u>		<u>X</u>									
Si	gnature	Signature									

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name	E ZIGRO	SSI			(2		1159		
	6/1/201	6		6/24/	2016				
(3) Cover Period	1	1	through	1	1	(4) Page	1	of $\frac{1}{}$	

					T T	
(7) Full Name		(8)	(9)	(10)	(11)	(12)
(Last, Suffix, First, Middle)						
Street Address &	C	ontributor	Contribution	In-kind		
City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
COX, THOMAS R 2218 CHANDLER AVE FORT MYERS, FL 33907	Î		СН			\$25.0
ROBINSON, LEWIS 17501 VILLAGE INLET COURT FORT MYERS, FL 33908	I	medical doctor	СН			\$200.0
COTNER, ANN T 7406 LAKE BREEZE DR APT 114 FORT MYERS, FL 33907	I		СН			\$10.0
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_						
	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code COX, THOMAS R 2218 CHANDLER AVE FORT MYERS, FL 33907  ROBINSON, LEWIS 17501 VILLAGE INLET COURT FORT MYERS, FL 33908  COTNER, ANN T 7406 LAKE BREEZE DR APT 114	Full Name (Last, Suffix, First, Middle) Street Address & C City, State, Zip Code Type COX, THOMAS R 2218 CHANDLER AVE FORT MYERS, FL 33907  ROBINSON, LEWIS 17501 VILLAGE INLET COURT FORT MYERS, FL 33908  COTNER, ANN T 7406 LAKE BREEZE DR APT 114	Full Name (Last, Suffix, First, Middle) Street Address & Contributor City, State, Zip Code  COX, THOMAS R 2218 CHANDLER AVE FORT MYERS, FL 33907  ROBINSON, LEWIS 17501 VILLAGE INLET COURT FORT MYERS, FL 33908  COTNER, ANN T 7406 LAKE BREEZE DR APT 114	Full Name (Last, Suffix, First, Middle) Street Address & Contributor City, State, Zip Code  COX, THOMAS R 2218 CHANDLER AVE FORT MYERS, FL 33907  ROBINSON, LEWIS 17501 VILLAGE INLET COURT FORT MYERS, FL 33908  COTNER, ANN T 7406 LAKE BREEZE DR APT 114	Full Name (Last, Suffix, First, Middle) Street Address & Contributor Type Occupation  City, State, Zip Code Type Occupation  COX, THOMAS R 2218 CHANDLER AVE FORT MYERS, FL 33907  ROBINSON, LEWIS 17501 VILLAGE INLET COURT FORT MYERS, FL 33908  Timedical doctor  CH  COTNER, ANN T 7406 LAKE BREEZE DR APT 114	Full Name (Last, Suffix, First, Middle) Street Address & Contributor City, State, Zip Code Type Occupation  COX, THOMAS R 2218 CHANDLER AVE FORT MYERS, FL 33907  ROBINSON, LEWIS 17501 VILLAGE INLET COURT FORT MYERS, FL 33908  COTNER, ANN T 7406 LAKE BREEZE DR APT 114

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

(1) Name DIANE	ZIGROSS	SI				 (2) I.D. Nun	nber	-	1159	-
	6/1/201	6		6/24/20	16					
(3) Cover Period	1	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
6/6/2016	SUPERVISOR OF ELECTIONS, 2480 THOMPSON ST FORT MYERS, FL 33901	qualifying fee for election	МО		\$5,310.24
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DS-DE 14 (Rev.					