	CAMPAIGN TREASURE	R'S REPORT SUMMARY					
(1)	STEVE LOHAN	OFFICE USE ONLY					
•	Name	ONLINE SUBMISSION					
(2)	27101 EDENBRIDGE CT	Submitted on:					
	Address (number and street)	8/9/2016 09:47:54 (eastern)					
	BONITA SPRINGS, FL 34135  City, State, Zip Code						
		(0) ID N					
	Check here if address has changed	(3) ID Number:1226					
(4)	Check appropriate box(es):						
	Candidate Office Sought: BONITA SPRING	S FIRE-4					
	☐ 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					
		☐ Check here if no other IE or EC reports will be filed					
	individual making electioneering communications)						
	(5) Report	Identifiers					
Cove	er Period: From $\frac{7}{2}$ / $\frac{9}{2016}$ To	10 / 12 / 2016 Report Type: TR6					
X O	riginal Amendment Spe	ecial Election Report					
(6)	Contributions This Report	(7) Expenditures This Report					
•	-	Monetary					
Cash	n & Checks \$ , , 0 . 00	Expenditures \$ , , 0 . 00					
Loar	s \$,, <u>0</u> .00	Transfers to Office Account \$					
T 4.	0 00	Office Account \$ , , , 0 . 00					
lota	I Monetary \$ , , 0 . 00	Total Monetary \$ . 0 . 00					
In-Ki	and \$ , , 0.00	Total Monetary \$ , , 0 . 00					
III-KI	Πα	(8) Other Distributions					
		(8) Other Distributions \$ , , <u>0</u> <u>00</u>					
		, <u> </u>					
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
	\$,, <u>100</u> 00	\$ , , <u>100</u> . <u>00</u>					
	(11) Cert	L tification					
	It is a first degree misdemeanor for any pers						
Ιc	ertify that I have examined this report and it is true, corre	ect, and complete:					
(T)	(Type name) (Type name)						
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)					
or	electioneering comm.)						
Х		×					
	gnature	Signature					

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

(1) Name	STEVE LOHAN				2) I.D. Numbe	r1	226
	7/9/2016		1	0/12/2016		-	0
(3) Cover Perio	od//	thro	ough	<i>l l</i>	(4) Pag	e	of
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
			·	517			
1 1							
F I							
1 1							
1 1							
1 1							
f I							
1 1		,					
1 1							

DS-DE 13 (Rev. 11/13 )

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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

(1) Name _S	STEVE	LOHAN					 (2) I.D. Nur	nber	-	1226	
		7/9/20	16		10/12/	2016					
(3) Cover Pe	eriod	I	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(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
7/25/2016	Wulber, Susan 6626 Monterey Pt Naples, FL 34105	pro-rata refund to contributor	DI		\$100.00
1				-	
//					
//					
//					
//					
//					
//					
//					