

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) CATHY KRUSE  
 Name

(2) 738 ARTHUR AVE  
 Address (number and street)

LEHIGH ACRES, FL 33936  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1129570]

Submitted on:  
 10/7/2016 19:35:25 (eastern)

Check here if address has changed

(3) ID Number: 1292

(4) Check appropriate box(es):

- Candidate Office Sought: LEHIGH ACRES FIRE-1
- 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 10 / 1 / 2016 To 10 / 7 / 2016 Report Type: G4

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$      ,      , 500 . 00

Loans \$      ,      , 50 . 00

Total Monetary \$      ,      , 550 . 00

In-Kind \$      ,      , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures \$      ,      , 302 . 00

Transfers to Office Account \$      ,      , 0 . 00

Total Monetary \$      ,      , 302 . 00

### (8) Other Distributions

\$      ,      , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$      ,      , 650 . 00

### (10) TOTAL Monetary Expenditures To Date

\$      ,      , 302 . 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 CATHY KRUSE (2) I.D. Number 1292

(3) Cover Period 10/1/2016 through 10/7/2016 (4) Page 1 of 1

(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
10/6/2016 / /	SWF Prof F/F IAFF Local 1826, 2030 W First St Suite C Fort Myers, FL 33901	O profession al f/f organiz	CH			\$500.00
1						
10/5/2016 / /	Kruse, Cathy 738 Arthur Avenue Lehigh Acres, FL 33936	S educator	LO			\$50.00
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name CATHY KRUSE

(2) I.D. Number 1292

(3) Cover Period 10/1/2016 through 10/7/2016

(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					
10/6/2016 / /	Breeze Newspaper of SWF, 2510 DelPrado BLVD S. Cape Coral, FL 33904	ad	MO		\$302.00
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