

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) JOYCE JACOB BOTCHFORD
 Name
 (2) 6789 CARMELLE DR
 Address (number and street)
FORT MYERS, FL 33919
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1118711]

Submitted on:
 8/10/2016 11:31:59 (eastern)

Check here if address has changed

(3) ID Number: 1310

(4) Check appropriate box(es):

- Candidate Office Sought: IONA-MCGREGOR 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
- 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 7 / 30 / 2016 To 8 / 5 / 2016 Report Type: P5

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 54 . 00

Loans \$, , 0 . 00

Total Monetary \$, , 54 . 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

\$, , 579 . 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:

(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 EXPENDITURES

(1) Name JOYCE JACOB BOTCHFORD

(2) I.D. Number 1310

(3) Cover Period 7/30/2016 through 8/5/2016

(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 | | | | | |
| / / | | | | | |
| | | | | | |
| / / | | | | | |
| | | | | | |
| / / | | | | | |
| | | | | | |
| / / | | | | | |
| | | | | | |
| / / | | | | | |
| | | | | | |
| / / | | | | | |
| | | | | | |