	CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	KAREN PUTMAN WATSON	OFFICE USE ONLY								
` '	Name	ONLINE SUBMISSION								
(2)	2705 VIA SANTA CROCE CT	Submitted on:								
	Address (number and street)	9/4/2017 11:32:43 (eastern)								
	FORT MYERS, FL 33905  City, State, Zip Code									
		(0) 10 N								
	Check here if address has changed	(3) ID Number:1359								
(4) Check appropriate box(es):										
	Candidate Office Sought: SCHOOL BOARD-	6 AT LARGE								
	<ul> <li>☐ Political Committee (PC)</li> <li>☐ Electioneering Communications Org. (ECO)</li> <li>☐ Party Executive Committee (PTY)</li> </ul>	☐ Check here if PC or ECO has disbanded☐ 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										
Cove	er Period: From 8 / 1 / 2017 To	8 / 31 / 2017 Report Type: M8								
X O	riginal Amendment Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
Cash	n & Checks \$ , , <u>300</u> . <u>00</u>	Monetary Expenditures \$ , , _10 . 04								
Loar	s \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$ , , 0 . 00								
Tota	I Monetary \$ , , <u>300</u> . <u>00</u>	Total Monetary \$ , 10 . 04								
In-Ki	nd \$ , , , 0 . 00									
		(8) Other Distributions								
		\$,, <u>0</u> . <u>00</u>								
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
	\$, <u>1</u> , <u>290</u> . <u>65</u>	\$, <u>805</u> . <u>93</u>								
	(11) Cert It is a first degree misdemeanor for any pers	ification on 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:										
(T	ype name)	(Type name)								
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)								
X		X								
Sig	gnature	Signature								

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	KAREN PUTMAN WATSON			(	2) I.D. Numbe	er 1	359
	8/1/2017			/31/2017			
(3) Cover Perio	od//	thro			(4) Pag	e 1	of
(5)	(7)		(8)	(9)	(10)	(11)	(12)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
8/15/2017 /	Spears, Diane ***Protected***	207 207	nurse	СН			\$200.0
1							
8/29/2017 / /	Gietzen, Judi 20683 Wildcat Run Dr. #101 Estero, FL 33928	I	realtor	СН			\$100.0
2							
1 1							
1 1							
1 1							
J I							
		*					
1 1							
1 1							

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

(1) Name _K	KAREN	PUTMAN	WATSON				(2) I.D. Nun	nber	1	L359	
		8/1/20	17		8/31/2	017	*	-			
(3) Cover Po	eriod	1	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
8/1/2017	Iberia Bank, 4670 Summerlin Rd. Fort Myers, FL 33919	bank fee	MO		\$0.04
8/29/2017	Supervisor of Elections, 2480 Thompson St. 33901, FL 33901	campaign	МО		\$10.00
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