	CAMPAIGN TREASURE	R'S REPORT SUMMARY					
(1)	DIANE LORAYNE CHAMPION	OFFICE USE ONLY					
``	Name	ONLINE SUBMISSION [1173603]					
(2)	403 HARRY AVE N	Submitted on:					
	Address (number and street)	9/22/2018 15:05:04 (eastern)					
	LEHIGH ACRES, FL 33971  City, State, Zip Code	<del></del>					
	☐ Check here if address has changed	(3) ID Number: 1369					
/ A\		(3) ID Nullibel					
(4)	Check appropriate box(es):  X Candidate Office Sought: LEE MEMORIAL 1	ырхт.ты сустрм_4					
		REALIN SISIEM-4					
	☐ Electioneering Communications Org. (ECO)	Check here if PC or ECO has disbanded					
	☐ Party Executive Committee (PTY) [☐ Independent Expenditure (IE) (also covers an [☐ Independent Expendent Expenden	Check here if PTY has disbanded					
	individual making electioneering communications)	Check here if no other IE or EC reports will be filed					
	(5) P						
0.51		Identifiers					
		9 / 28 / 2018 Report Type: <u>G3</u>					
× O	Priginal Amendment Spe	ecial Election Report					
(6)	Contributions This Report	(7) Expenditures This Report					
	·· · · • • · · · · · · · · · · · · ·	Monetary  Expanditures   O 00					
Casi	h & Checks \$,,,000	Expenditures \$ , , 0 . 00					
Loar	ns \$ , , 0.00	Transfers to					
		Office Account \$ , , 0 . 00					
Tota	Il Monetary \$ , , ,000						
	<del></del>	Total Monetary \$ , , 0 . 00					
In-Ki	ind \$,, <u>290</u> . <u>00</u>						
		(8) Other Distributions					
		\$ , , <u>0</u> . <u>00</u>					
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date					
	\$,, <u>0</u> . <u>00</u>	\$ , , <u>0</u> . <u>00</u>					
	(44) Cod	1000-00					
	(11) Cert It is a first degree misdemeanor for any perso						
I certify that I have examined this report and it is true, correct, and complete:							
(T <sub>2</sub>	ype name)	(Type name)					
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)					
	,						
<u>X</u>		X					
Si	gnature	Signature					

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

(1) Name	DIANE LORAYNE CHAMPION				(2) I.D. Number			
	9/15/2018		9	/28/2018				
(3) Cover Perio	od//	thro	ough	<i>I</i>	(4) Page	1	of	
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)	(8)  Contributor Type Occupation		(9) Contribution Type	(10)	(11)	(12)	
Sequence Number	Street Address & City, State, Zip Code				In-kind Description	Amendment	Amount	
,	Merchant Marketer,		flyers	IK	articular		\$290.0	
9/22/2018	1150 Lee Blvd. Lehigh Acres, fl 33936				in flyer			
1								
1 1								
1 1								
j j								
j j	-							
f I								
1 1								
1 1								
DS-DE 13 (Rev. 11/1	3)	SEE RE	VERSE FOR	INSTRUCTIONS	S AND CODE VALU	JES		

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES  (1) Name DIANE LORAYNE CHAMPION (2) I.D. Number 1369									
	9/15/2018 through	9/28/2018	, 4) Page <u>1</u>		0				
(5) Date (6) Sequence Number	(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)	(11) Amount				
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