

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) DONNA CLARKE  
 Name  
 (2) PO BOX 542  
 Address (number and street)  
FORT MYERS, FL 33902  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1177806]

Submitted on:  
 10/26/2018 12:01:59 (eastern)

Check here if address has changed

(3) ID Number: 1373

(4) Check appropriate box(es):

- Candidate Office Sought: LEE MEMORIAL HEALTH SYSTEM-2
- 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 / 13 / 2018 To 10 / 19 / 2018 Report Type: G6

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$      ,      , 65 . 00

Loans \$      ,      , 0 . 00

Total Monetary \$      ,      , 65 . 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

\$      , 2 , 340 . 00

### (10) TOTAL Monetary Expenditures To Date

\$      , 1 , 648 . 33

### (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 DONNA CLARKE

(2) I.D. Number 1373

(3) Cover Period 10/13/2018 through 10/19/2018

(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					
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