

## 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**  
 [1178437]

Submitted on:  
 11/1/2018 11:28:06 (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 / 20 / 2018 To 11 / 1 / 2018 Report Type: G7

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$      ,      , 50 . 00

Loans \$      ,      , 0 . 00

Total Monetary \$      ,      , 50 . 00

In-Kind \$      ,      , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures \$      ,      , 15 . 00

Transfers to Office Account \$      ,      , 0 . 00

Total Monetary \$      ,      , 15 . 00

### (8) Other Distributions

\$      ,      , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$      ,      , 2 , 390 . 00

### (10) TOTAL Monetary Expenditures To Date

\$      ,      , 1 , 663 . 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 10/20/2018 through 11/1/2018

(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					
10/31/2018 / /	Edison National Bank, National PO Box 61399 Fort Myers, Fl 33906	service charge	MO		\$15.00
1					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					