

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
 [1183873]

Submitted on:
 2/4/2019 15:27:10 (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 11 / 2 / 2018 To 2 / 4 / 2019 Report Type: TRG

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 0 . 00

Loans \$, , 0 . 00

Total Monetary \$, , 0 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 861 . 45

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 861 . 45

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 2 , 525 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 2 , 525 . 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 CONTRIBUTIONS

(1) Name DONNA CLARKE (2) I.D. Number 1373

(3) Cover Period 11/2/2018 through 2/4/2019 (4) Page 1 of 0

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name DONNA CLARKE

(2) I.D. Number 1373

(3) Cover Period 11/2/2018 through 2/4/2019

(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					
12/3/2018 //	Clarke, Donna Po Box 542 Fort Myers, Fl 33902	partial loan repayment	MO		\$861.45
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