	CAMPAIGN TREASURE	CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	LINDA CARTER	OFFICE USE ONLY								
	Name	ONLINE SUBMISSION								
(2)	704 HOMER AVE N	Submitted on:								
	Address (number and street) LEHIGH ACRES, FL 33971	10/14/2018 16:58:47 (eastern)								
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number: 1406								
(4)	Check appropriate box(es):	(6) 15 114111561.								
(~)	☐ Candidate Office Sought: LEHIGH ACRES	FTRE-2								
	Political Committee (PC)									
	☐ Electioneering Communications Org. (ECO)	Check here if PC or ECO has disbanded								
		☐ Check here if PTY has disbanded☐ Check here if no other IE or EC reports will be filed								
	individual making electioneering communications)	Check here if no other is of so reports will be filed								
		dentifiers								
Cove	er Period: From 10 / 6 / 2018 To	10 / 12 / 2018 Report Type: <u>G5</u>								
X O	Original Amendment Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
		Monetary								
Cash	h & Checks \$, , ,000	Expenditures \$, , <u>344</u> . <u>50</u>								
1 20"	s 0 00	To a contract the Area								
Loar	ns \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$								
Tota	Il Monetary \$, , 0 . 00	Office Account \$, , 0 . 00								
TULA	,,,	Total Monetary \$, , 344 . 50								
In-Ki	ind \$, , 0.00	,, ,, ,								
III IX	, , , , , , , , , , ,	(8) Other Distributions								
		\$,, ooo								
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
	\$,, <u>40</u> . <u>00</u>	\$, , <u>344</u> . <u>50</u>								
	(11) Cert	tification								
	It is a first degree misdemeanor for any person									
Ιc	I certify that I have examined this report and it is true, correct, and complete:									
(Type name) (Type name)										
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)								
or	electioneering comm.)									
х		×								
	gnature	Signature								

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	LINDA CARTER			(2) I.D. Number					
	10/6/2018		1	10/12/2018					
(3) Cover Perio	od / /	thro	ough	11_	(4) Page	• <u> </u>	of		
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)		
(6) Sequence	(Last, Suffix, First, Middle) Street Address &	Cq	ontributor	Contribution	In-kind				
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount		
1 1									
1									
1 1									
			2						
1 1									
7 7									
1 1									
1 1									
						8			
1 1									
1 1									

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name	JINDA	CARTER	110				(2) I.D. Nun	nber	1	L406	
		10/6/2	018		10/12/	2018		~ ~				
(3) Cover Pe	eriod	1	1	through	1	1	(4) Page	1	of	1	

(5) Date	(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
10/8/2018	East Side Printing, 1150 Lee Blvd Ste 1B Lehigh Acres, FL 33936	signs	MO		\$344.50
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DS-DE 14 (Rev				1	