	CAMPAIGN TREASURE	R'S REPORT SUMMARY						
(1)	WILLIAM ERNEST LIEDTKE	OFFICE USE ONLY						
	Name	ONLINE SUBMISSION						
(2)	201 ARTHUR AVE	Submitted on:						
	Address (number and street)	9/19/2018 09:37:37 (eastern)						
	LEHIGH ACRES, FL 33936 City State Zip Code							
	City, State, Zip Code							
	Check here if address has changed	(3) ID Number:1426						
(4)	Check appropriate box(es):							
	☐ Candidate Office Sought: LEHIGH ACRES	FIRE-3						
	☐ Political Committee (PC)☐ Electioneering Communications Org. (ECO)	☐ Check here if PC or ECO has disbanded						
		☐ Check here if PTY has disbanded						
	☐ Independent Expenditure (IE) (also covers an	Check here if no other IE or EC reports will be filed						
	individual making electioneering communications)							
	(5) Report	dentifiers						
Cove	er Period: From 9 / 1 / 2018 To							
		ecial Election Report						
		T						
(6)	Contributions This Report	(7) Expenditures This Report						
Cool	h & Checks \$, , 0 . 00	Monetary Expenditures \$, , 3 . 00						
Casi	1 & Checks	Expenditures \$, , 3 . 00						
Loar	ns \$,,,000_	Transfers to						
		Office Account \$, , 0 . 00						
Tota	al Monetary \$, , 0 . 00							
		Total Monetary \$, , 3 . 00						
In-Ki	ind \$, , 0 . 00							
		(8) Other Distributions						
		\$, , <u>0</u> . <u>00</u>						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
(3)	\$,,,	\$, , 19 . 95						
	, <u> </u>	· , , , , , ,						
	(11) Cert							
	It is a first degree misdemeanor for any person	on 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:								
(T [.]	ype name)	(Type name)						
	Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)						
Х		X						
	ignature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	WILLIAM ERNEST LIED	TKE			2) I.D. Numbe	er <u>1</u>	426
	9/1/2018		9	/14/2018		1	0
(3) Cover Perio	od//	thro	ough	11_	(4) Pag	e	of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence	Street Address &		ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
J I							
1 1							
, ,							
1 1							
1 1							
I I	-						
1 1							
1 1							
1 1							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name WII	LIAM	ERNES	r LIE	DTKE			 (2) I.D. Nur	nber	-	1426	300
	9	9/1/201	.8		9/14/20	018		-			
(3) Cover Peri	od	1	1	through	1	1	(4) Page	1	of	1	

(5)	(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
9/1/2018	SunTrust Bank, P.O.Box 305183 Nashville , TN 37230	paper statement fee	MO		\$3.00
1					
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//					
//					
//					
//					
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