CAMPAIGN TREASURER'S REPORT SUMMARY										
(1)	TOM MERE	OFFICE USE ONLY								
` ,	Name	ONLINE SUBMISSION [1173876]								
(2)	100 E NORTH SHORE AVE	Submitted on:								
	Address (number and street)	9/29/2018 11:22:23 (eastern)								
	NORTH FORT MYERS, FL 33917									
	City, State, Zip Code									
	Check here if address has changed	(3) ID Number:1481								
(4)	Check appropriate box(es):									
	Candidate Office Sought: NORTH FORT MY	ERS FIRE-3								
	☐ 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	☐ Check here if no other IE or EC reports will be filed								
	individual making electioneering communications)									
(5) Report Identifiers										
Cove	er Period: From 9 / 15 / 2018 To	9 / 28 / 2018 Report Type: G3								
X O	riginal Amendment Spe	ecial Election Report								
(6)	Contributions This Report	(7) Expenditures This Report								
(0)	Contributions Time Report	Monetary								
Cash	n & Checks \$, , 500 . 00	Expenditures \$, , 0 . 00								
Ousi	7 d oneono	, , , , ,								
Loar	ns \$,,,000	Transfers to								
		Office Account \$, , 0 . 00								
Tota	I Monetary \$, , <u>500</u> . <u>00</u>									
		Total Monetary \$, , 0 . 00								
In-Ki	nd \$,,,000									
		(8) Other Distributions								
		\$, , <u>0</u> . <u>00</u>								
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date								
	\$,, 550 . 00	\$, , 0.00								
	(11) Cert									
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:										
	ype name)	(Type name)								
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)								
х		X								
	gnature	Signature								

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	TOM MERE	(2) I.D. Number ₁₄₈₁						
9/15/2018 9/28/2018 (3) Cover Period / / through / / (4) Pa							of	
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code		(8) ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12) Amount	
9/18/2018 / /	SW Fl. Prof.Firefighter&pa IAFF Local 1826 12651 McGregor Blvd Suite 2-203 Ft. Myers, Fl 33919	O	iaff local	CH	Description	7 and and and	\$500.0	
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(1) Name ^{TOM}	CAMPAIGN TREASURER'S RE		EXPENDIT 2) I.D. Number		1481
		8/2018	4) Page1		0
(5) Date (6) Sequence Number	(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)	(11)
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