CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	THERESE EVERLY	OFFICE USE ONLY						
	Name	ONLINE SUBMISSION [1199115]						
(2)	P O BOX 100082	Submitted on:						
	Address (number and street)	2/6/2020 21:07:38 (eastern)						
	CAPE CORAL, FL 33910 City, State, Zip Code							
		(2) ID Number 1567						
(4)	Check here if address has changed	(3) ID Number:1567						
(4)	Check appropriate box(es):	avampy 1						
		HEALTH SYSTEM-1						
		☐ 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	dentifiers						
Cove	er Period: From $\underline{1}$ / $\underline{1}$ / $\underline{2020}$ To	1 / 31 / 2020 Report Type: 20M1						
X O	✓ Original							
(6)	Contributions This Report	(7) Expenditures This Report						
		Monetary						
Cash	h & Checks \$,1 , <u>000</u> . <u>00</u>	Expenditures \$, , , 0 . 00						
¥	\$ 500 00							
Loar	ns \$,, <u>500</u> .00	Transfers to Office Account \$						
Tota	Il Monetary \$, 1 , 500 . 00	Office Account \$, , , 0 . 00						
TUla	If Monetary $\qquad \qquad \qquad$	Total Monetary \$, , 0 . 00						
In-Ki	ind \$, , 0.00	,,,						
III°IXi	, , , , , , , , , , , , , , , , , , ,	(8) Other Distributions						
		\$,,000						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$, <u>1</u> , <u>500</u> . <u>00</u>	\$, , <u>0</u> . <u>00</u>						
	I (11) Cert	tification						
	It is a first degree misdemeanor for any person							
I certify that I have examined this report and it is true, correct, and complete:								
(Type name) (Type name)								
	ype name) Individual (only for IE Treasurer Deputy Treasurer	☐ Candidate ☐ Chairperson (only for PC and PTY)						
	electioneering comm.)	Golden Grant Company (Grant Company						
х		X						
	gnature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	THERESE EVERLY	(2) I.D. Number						
	1/1/2020 riod / /	1		/31/2020				
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Туре		(9) Contribution Type	(10) In-kind Description	(11)	(12) Amount	
1/21/2020	Everly, Therese PO Box 100082 CAPE CORAL, FL 33910	S	realtor	LO			\$500.0	
1/24/2020 / /	Dell Aquila, Carmine 22220 Red Laurel LN Estereo, Fl 33928		real estate developer	СН			\$1,000.0	
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (1) Name THERESE EVERLY (2) I.D. Number 1567									
(3) Cover Period	1/1/2020 /through	1/31/2020 //(4	4) Page <u>1</u>	of	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) Amount				
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