CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) THERESE EVERLY	OFFICE USE ONLY							
Name	ONLINE SUBMISSION [1214247]							
(2) <u>P O BOX 100082</u> <u>Address (number and street)</u>	Submitted on:							
Address (number and street) CAPE CORAL, FL 33910	7/1/2020 20:48:38 (eastern)							
City, State, Zip Code	—							
Check here if address has changed	(3) ID Number:1567							
(4) Check appropriate box(es):								
Candidate Office Sought: LEE MEMORIAL	HEALTH SYSTEM-1							
Political Committee (PC)								
Electioneering Communications Org. (ECO) Party Executive Committee (PTY)	☐ 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 Identifiers								
Cover Period: From 6 / <u>13</u> / <u>2020</u> To	6 / 26 / 2020 Report Type: 20P2							
Image: Special Election Report								
(6) Contributions This Report	(7) Expenditures This Report							
	Monetary							
Cash & Checks \$,, 150 . 00	Expenditures \$ _ , _ , _ 0 . 00							
(
Loans \$,, <u>0</u> .00	Transfers to Office Account \$							
Total Monetary \$, , 150.00	Office Account \$,, 0 . 00							
	Total Monetary \$, , 0 . 00							
In-Kind \$, , 0 . 00	, <u> </u>							
······································	(8) Other Distributions							
	\$,, 00							
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
\$, 1, 800 . 00	\$,, 279. 79							
(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, cor	rect, and complete:							
(Type name)	(Type name)							
☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)							
X	<u>X</u>							
Signature	Signature							

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name <u>THERESE EVERLY</u>			(2) I.D. Number						
	6/13/2020		6	5/26/2020					
(3) Cover	Period / /	thro	ough	<i>l</i> , <i>l</i>	(4) Pag	e _1	of		
(5)	(7)	T	(0)		(10)	(14)	(10)		
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)		
(6)	(Last, Suffix, First, Middle)								
Sequence	Street Address &		ontributor	Contribution	In-kind				
Number	City, State, Zip Code		Occupation		Description	Amendment	Amount		
Tumber	Cook, Christina	Т	retired	Туре СН	Description		\$150.0		
6/19/2020	2313 SW 44th St	_		011			,		
1 1	CAPE CORAL, FL 33914								
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		5							
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name THER	CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES ame (2) I.D. Number 1567							
(3) Cover Period	6/13/2020 6 1/ /through	5/26/2020 // (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) Amendment	(11) Amount			
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