

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) THERESE EVERLY  
 Name  
 (2) P O BOX 100082  
 Address (number and street)  
CAPE CORAL, FL 33910  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1222818]

Submitted on:  
 8/4/2020 12:37:30 (eastern)

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)  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 Identifiers

Cover Period: From 7 / 25 / 2020 To 7 / 31 / 2020 Report Type: 20P6

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$        ,        , 0 . 00

Loans \$        ,        , 0 . 00

Total Monetary \$        ,        , 0 . 00

In-Kind \$        ,        , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures \$        ,        , 15 . 00

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 15 . 00

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        , 1 , 800 . 00

### (10) TOTAL Monetary Expenditures To Date

\$        ,        , 359 . 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, correct, and complete:

(Type name) \_\_\_\_\_  
 Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

X \_\_\_\_\_  
 Signature

(Type name) \_\_\_\_\_  
 Candidate  Chairperson (only for PC and PTY)

X \_\_\_\_\_  
 Signature



**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name   THERESE EVERLY  

(2) I.D. Number   1567  

(3) Cover Period   7/25/2020   through   7/31/2020  

(4) Page   1   of   1  

(5) Date	(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
(6) Sequence Number					
7/30/2020 / /	Edison National Bank , PO Box 61399 Ft Myers, FL 33906	checking service fee	MO		\$15.00
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