CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) MELISA W GIOVANNELLI	OFFICE USE ONLY							
Name (2) 5083 LEXINGTON BLVD	ONLINE SUBMISSION [1214369]							
(2) 5083 LEXINGTON BLVD Address (number and street)	Submitted on:							
FORT MYERS, FL 33919	7/2/2020 10:38:51 (eastern)							
City, State, Zip Code								
Check here if address has changed	(3) ID Number: <u>1575</u>							
(4) Check appropriate box(es):								
Candidate Office Sought: <u>SCHOOL BOARD</u>	-2							
<ul> <li>Political Committee (PC)</li> <li>Electioneering Communications Org. (ECO)</li> </ul>	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							
	t Identifiers							
Cover Period: From $6 / 13 / 2020$ To								
	ecial Election Report							
(6) Contributions This Report	(7) Expenditures This Report							
Cash & Checks \$ , , , 000	Monetary           Expenditures         \$							
Loans \$,, <u>0</u> . <u>00</u>	Transfers to Office Account \$ , , 0 . 00							
Total Monetary \$, 0.00								
	Total Monetary \$,, 250 . 00							
In-Kind \$,, 00								
	(8) Other Distributions \$ 0.00							
	\$,, <u>0</u> . <u>00</u>							
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
\$, <u>40</u> , <u>100</u> . <u>00</u>	\$, <u>2</u> , <u>949</u> . <u>24</u>							
(11) Cer	l tification							
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)	(Type name)							
Individual (only for IE Treasurer Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)							
x	x							
Signature	Signature							

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## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	MELISA W GIOVANNELLI (2) I.D. Number				r1	1575	
	6/13/2020			/26/2020		. 1	0
(3) Cover Peri	od / /	thro	bugh	I I	(4) Pag	e	of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence	Street Address &	C	ontributor	Contribution	In-kind		
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
1 1	-						
1 1							
1 1	_						
1 1	_						
1 1	_						
1 1	_						
1 1	-						
1 1							

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name MELI	CAMPAIGN TREASURER'S		D EXPENDIT (2) I.D. Number	1575	
(3) Cover Period	6/13/2020 I/through	6/26/2020 //	(4) Page <u>1</u>	of_	1
(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
6/15/2020 1	Supervisor of Elections, Sandra 2480 Thompson St Fort Myers, Fl 33901	vote by mail list	MO		\$10.00
6/23/2020 / / 2	Web Elect, 10150 Highland Manor Dr STE 20 Tampa, Fl 33610	0 subscription	MO		\$240.00
_/ /					
_/ /					
_/ /					
_/ /					
11					
11					

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