

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) CATHY KRUSE
 Name
 (2) 738 ARTHUR AVE
 Address (number and street)
LEHIGH ACRES, FL 33936
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1241690]

Submitted on:
 1/14/2021 17:12:24 (eastern)

Check here if address has changed

(3) ID Number: 1731

(4) Check appropriate box(es):

Candidate Office Sought: LEHIGH ACRES FIRE-1

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 8 / 29 / 2020 To 9 / 11 / 2020 Report Type: 20G2

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 \$, , -3 . 00

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , -3 . 00

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 2 , 500 . 00

(10) TOTAL Monetary Expenditures To Date

\$, , 102 . 25

(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 CONTRIBUTIONS

(1) Name CATHY KRUSE (2) I.D. Number 1731

(3) Cover Period 8/29/2020 through 9/11/2020 (4) Page 1 of 0

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name CATHY KRUSE

(2) I.D. Number 1731

(3) Cover Period 8/29/2020 through 9/11/2020

(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					
9/5/2020 / /	Suntrust Bank, 1110 Homestead Road N. Lehigh, FL 33936	checking account fees	MO	Delete	\$3.00
1					
9/5/2020 / /	Suntrust Bank, 1110 Homestead Road N. Lehigh, FL 33936	checking account fees	MO	Add	\$0.00
2					
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