

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
 [1241722]

Submitted on:
 1/15/2021 20:50:28 (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) 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 10 / 30 / 2020 To 2 / 1 / 2021 Report Type: TRG

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 \$, 2 , 397 . 75

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, 2 , 397 . 75

(8) Other Distributions
 \$, , 0 . 00

(9) TOTAL Monetary Contributions To Date
 \$, 2 , 500 . 00

(10) TOTAL Monetary Expenditures To Date
 \$, 2 , 500 . 00

(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 10/30/2020 through 2/1/2021 (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 10/30/2020 through 2/1/2021

(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					
11/6/2020 / /	SunTrust Bank, 1110 Homestead Road Lehigh Acres, FL 33901	bank check fees	MO		\$3.00
1					
11/6/2020 / /	Kruse, Catherine 7378 Arthur Avenue Lehigh Acres, FL 33936	loan	MO		\$2,000.00
2					
11/6/2020 / /	Kruse, Catherine 738 Arthur Avenue Lehigh Acres, FL 33936	reimbursement	RM		\$394.75
3					
/ /					
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