

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) NANCY MARIE MC GOVERN  
Name

(2) 785 S. ENTRADA Drive  
Address (number and street)

FORT MYERS, FL. 33919  
City, State, Zip Code

**OFFICE USE ONLY**  
14AUG08PM0403 90E LEE CO F1

Check here if address has changed

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

- Candidate Office Sought: Lee County Lee Memorial Hospital Board District 2
- 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 07/26/2014 To 08/01/2014 Report Type: 2014 P5

Original       Amendment       Special Election Report

### (6) Contributions This Report

Cash & Checks      \$ \_\_\_\_\_, \_\_\_\_\_, 100.00

Loans      \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Total Monetary      \$ \_\_\_\_\_, \_\_\_\_\_, 100.00

In-Kind      \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

### (7) Expenditures This Report

Monetary Expenditures      \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Transfers to Office Account      \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Total Monetary      \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

### (8) Other Distributions

\$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_, \_\_\_\_\_, 150.00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

### (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) Maureen Mc Govern

Individual (only for IE or electioneering comm.)     Treasurer     Deputy Treasurer

X Maureen Mc Govern  
Signature

(Type name) Nancy M. McGovern

Candidate     Chairperson (only for PC and PTY)

X  
Signature

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

(1) Name NANCY MARIE MCGOVERN (2) I.D. Number \_\_\_\_\_

(3) Cover Period 07/26/14 through 08/01/2014 AUGUST 2014 SEE LEB OF 3

(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
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name Nancy Marie McGovern (2) I.D. Number \_\_\_\_\_

(3) Cover Period 07/26/14 through 08/01/2014 (4) Page 2 of 3

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
		Type	Occupation				
07/31/2014	Joe Coleman 2235 First St. FERT MYERS, FL. 33901	I	Attorney	CHE	—	—	\$ 100.00
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