

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) NANCY MARIE MC GOVERN
Name

(2) 785 SOUTH ENTRADA DRIVE
Address (number and street)

FORT MYERS, FL 33919
City, State, Zip Code

OFFICE USE ONLY

14 OCT 03 PM 04:25:50 E LEE CO

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Lee Memorial Bd of Directors Health Sys. Dist #2
- 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 09 / 13 / 2014 To 09 / 25 / 2014 Report Type: G3
2014

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 150.00

Loans \$ 0, _____, _____

Total Monetary \$ _____, _____, 150.00

In-Kind \$ 0, _____, _____

(7) Expenditures This Report

Monetary Expenditures \$ 0, _____, _____

Transfers to Office Account \$ 0, _____, _____

Total Monetary \$ 0, _____, _____

(8) Other Distributions

\$ 0, _____, _____

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, 300.00

(10) TOTAL Monetary Expenditures To Date

\$ 0, _____, _____

(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 MC GOVERN

Candidate Chairperson (only for PC and PTY)

X Nancy Mc Govern
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Nancy Marie Mc Gowan (2) I.D. Number _____

(3) Cover Period 09 / 13 / 2014 through 09 / 25 / 2014 (4) Page 2 of 2

(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
(6) Sequence Number		Type	Occupation	Type	Description		
<u>09 / 24 / 2014</u> 1	<u>Maureen, Mc Gowan</u> <u>1302 Poinciana</u> <u>Ft Myers, FL</u> <u>33901</u>	<u>I</u>	<u>Retired</u>	<u>CHECK</u>	<u>—</u>	<u>—</u>	<u>\$</u> <u>50.00</u>
<u>09 / 24 / 2014</u> 2	<u>Stout, Marilyn</u> <u>2907 SW 29th ST</u> <u>Cape Coral, FL</u> <u>33914</u>	<u>I</u>	<u>Retired</u>	<u>CHECK</u>	<u>—</u>	<u>—</u>	<u>\$</u> <u>50.00</u>
<u>09 / 24 / 2014</u> 3	<u>Nicolson, Elizabeth</u> <u>9971 Cypress Lake Dr</u> <u>FORT MYERS, FL</u> <u>33919</u>	<u>I</u>	<u>Retired</u>	<u>CHECK</u>	<u>—</u>	<u>—</u>	<u>\$</u> <u>25.00</u>
<u>09 / 24 / 2014</u> 4	<u>Lenz, Linda</u> <u>9891 Palmarrosa Way</u> <u>FORT MYERS, FL</u> <u>33919</u>	<u>I</u>	<u>Retired</u>	<u>CHECK</u>	<u>—</u>	<u>—</u>	<u>\$</u> <u>25.00</u>
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Nancy Marie Mc Govern (2) I.D. Number _____

(3) Cover Period 09/13/2014 through 09/25/2014 (4) Page 3 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
(6) Sequence Number					
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