

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Nancy Marie McGovern  
Name

(2) 185 South Entrada Drive  
Address (number and street)

FORT MYERS, FLORIDA 33919  
City, State, Zip Code

**OFFICE USE ONLY**

\*14 OCT 10 PM 03 08 50 E LEE CO FL

Check here if address has changed

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

(4) Check appropriate box(es):

- Candidate Office Sought: Lee Memorial Bd of Directors Health Sp. #2 Dist
- 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 10 10 2014 To 10 10 2014 Report Type: G5

Original       Amendment       Special Election Report      2014

**(6) Contributions This Report**

Cash & Checks      \$ 0 , 00 , 00 . 00

Loans      \$ 0 , 00 , 00 . 00

Total Monetary      \$ 0 , 00 , 00 . 00

In-Kind      \$ 0 , 00 , 00 . 00

**(7) Expenditures This Report**

Monetary Expenditures      \$ 00 , 00 , 117 . 65

Transfers to Office Account      \$ 00 , 00 , 00 . 00

Total Monetary      \$ 00 , 00 , 117 . 65

**(8) Other Distributions**

\$ 0 , 00 , 00 . 00

**(9) TOTAL Monetary Contributions To Date**

\$ 00 , 00 , 300 . 00

**(10) TOTAL Monetary Expenditures To Date**

\$ 00 , 00 , 117 . 65

### (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 McGovern

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

X Maureen McGovern

Signature

(Type name) Nancy M. McGovern

Candidate       Chairperson (only for PC and PTY)

X [Signature]

Signature

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

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

(3) Cover Period 10 / 04 / 2014 through 10 / 10 / 2014 (4) Page 2 of 3

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
/ /	Ø						
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

\*14OCT10PM0308 SDE LEE OFF

