FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS

## **CAMPAIGN TREASURER'S REPORT SUMMARY (cover sheet)**

Modified For Lee County Only (09-2001)

## SEE REVERSE SIDE FOR INSTRUCTIONS ON COMPLETING ITEMS 1 THROUGH 11

(1) / EE REPUBLICAN WOMEN FEDERATED — Candidate, Committee or Political Party Name	P4C (2) 239 466-4015					
(3) P. D. BOX 06/15/ Fogt My Address (Number and Street) city	75RS 33966 Zip Code					
	Zip Code G					
NOTE: Check box if address has changed since last report						
(4) Check appropriate box or boxes below indicating reporting statu	.: 06AUG1774101					
Candidate (office sought and district or seat #)	っ					
Committee of Continuous Existence Party Executive Committee Electioneering Communication  CHECK CHECK COMMU	F PC HAS DISBANDED  I F CCE HAS DISBANDED  IF NO OTHER ELECTIONEER 15  INICATION REPORTS WILL BE FILED					
	e reporting calendar or report reminder notice)					
Reporting Period Covered: From 7 1 29 1 06 TO	8 / / / / 06 Report Type Code: F - 2					
Original Report	al Election Report Independent Expenditure Report					
(6) CONTRIBUTION FOR THIS REPORTING PERIOD	(7) EXPENDITURES FOR THIS REPORTING PERIOD					
Cash and Checks \$ 670.	Monetary Expenditures \$ \$10.					
Loans by Candidate \$	Transfers to Office Account \$					
TOTAL Monetary for Reporting Period \$670	TOTAL Monetary Expenditures for Reporting Period \$ \$ 10					
In-kind Contributions	(8) Other Distributions (DOES NOT APPLY TO CANDIDATES)					
(\$) For this reporting period only. DO NOT add in-kind with monetary AND only list the amount for this reporting period.	(\$) For this reporting period only. DO NOT add to expenditures AND only list the amount for this reporting period. (see instructions)					
(9) TOTAL Monetary Contributions TO DATE:	(10) TOTAL Monetary Expenditures TO DATE:					
Combine amount in <b>(9)</b> from last report on this line.	\$ 2560 <u>45</u> Combine amount in (10) from last report on this line.					
(11) CERTIFICATION						
It is a first degree misdemeanor for any personal (SEE INSTRUCTIONS FOR SIGNATURE REQUIREMENTS)  I certify that I have examined this report and it is true, correct and complete	(see instructionsfor signature requirements)  See instructionsfor signature requirements)  Certify that Shave examined this report and it is true,  correct and complete					
Treasurer Deputy Treasurer Individual (only for Electioneering (Communication Organization or Independent Expenditure)	Candidate Chairman (only for PC, PTY and Electioneering Communication Organization)					
X Amta Dismont Signature	X Shirly forstenberger					

THIS FORM MUST BE SIGNED AS REQUIRED

(SEE INSTRUCTIONS FOR SIGNATURE REQUIREMENTS)

## **CAMPAIGN TREASURER'S REPORT (ITEMIZED CONTRIBUTIONS)**

(1) LEE	REPUBLICAN	WOMEN	FEDERATED-PAC(2)	239	766-4015	
Name				Day	time Telephone Number	_

(3) Reporting Period Covered: 7 1 29 1 06 TO 8 1 11 1 06

(4) Page / of / (itemized contributions)

SEE REVERSE SIDE FOR INSTRUCTIONS ON COMPLETING ITEMS 1THROUGH 12

	E REVERSE SIDE FOR INSTRUCTIONS ON COMPLETING ITEMS 1 THROUGH 12						
(5) & (6)	(7)		(8)	(9)	(10)	(11)	(12)
DATE		L					
and	Full Name of Contributor					Amendment	
Sequence	(Last, <b>Suffix, First, Middle</b> )	Co	ntributor		In-Kind	use	
Number	Street Address City-State-Zip Code	Type	/ Occupation	Contribution Type	Contribution Description	*ADD or DEL" see instructions	AMOUNT
		1756	Оссирации	1,756	Descripcion	see madacdons	AMOUNT
7/29/06	DAMES, ARLENE						
110-11-	1066 S. TOWN TRIVER DR.	Ī		CHC			100.
	FT, MYERS, FL 33919						
/	•						
1. (							
7/25/06	DURYEA, MICHELE						
	18220 RIVERCHASE CT.	I		CHE			100,-
2	ALVA, FL 33920	-		0,, =	ļ		
, .							
7/29/00	LIGNELLI, CINDY G.						~.
	16188 CROWN ARBOR WAY	Ī	,	011-6			50.
3	Ft. MYERS, FL 33908			C 17-13			
7/29/11.	War - Magazina						
72700	VULZ, CAROLYNN P.O. BOX 1495 FT. MYERS, F4 33902						_
1	P. O. BOX 1493	Î		C 4 5			50.
4	FT. MYERS, FL 33902	_		C # 65			
\$18/10	BABLE, BARBARA J.						
1/2/00	4115 SE 151 AVE						у о . <del>-</del>
	CAPE COGAL, FL 33504	工		CHE			у О.
5	United Country 1200						
8/8/06	PROCEEDS FROM						
	CANDIDATE FURUM	O		CAS			330,-
6	-, , - , - , - , - , - , - , - ,						
[							
]							

DSDE 13 (02/97) Modified for Lee County Only (09-2001)

## CAMPAIGN TREASURER'S REPORT (ITEMIZED EXPENDITURES)

(1)	LEE REPUBLICAN	WOMENS	FEDERATED	-PAQ	(2)	39 466-4015
•	Name					Daytime Telephone Number
(3)	Reporting Period Covered:	7 129	<u> </u>	8/11	106	

SEE REVERSE SIDE FOR INSTRUCTIONS ON COMPLETING ITEMS 1THROUGH 11

		STRUCTIONS ON COMP			
(5) & (6)	(7)	(8)	(9)	(10)	(11)
		PURPOSE OF EXPENDITURE			
		(induding bank service fees)			
		NOTE: A candidate cannot			
DATE	Entity Receiving Payment:	contribute to another candidate		Amendment	
and	Full Name	from campaign funds.		use	
	(Last, Suffix, First, Middle)	(PC's, PTY's, CCE'S- add office		"ADD or DEL"	
Sequence	Street Address	sought if contribution to a	Expenditure	see	
Number	City-State-Zip Code	candidate)	Expenditure Type	instructions	AMOUNT
		•			
2/5/06	CLARION HOTEL	BALANCE DUE FOR			
1 2/3/100	CLARION MITTE	CAUDIDATE FUAUM	non		810.
	12635 6, CLEVELAND AVE	FASILITY	// "		2161
/	Fr. MYERS, FL 33907				
	[····, ···, ···, ···, ···, ···, ···, ··				
	1				
-	1				
	1				
	1				
	1				
	1				
1	•			1	

DSDE 14 (( 1/97) Modified for Lee County Only (09-2001)