

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Laura Carr

OFFICE USE ONLY

Name

(2) 28614 Highgate Drive

Address (number and street)

Bonita Springs, FL 34135

City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Bonita Springs City Council, District 3

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 10/01/17 To 10/31/17 Report Type: MIO

Original

Amendment

Special Election Report

(6) Contributions This Report

None Received

Cash & Checks \$ _____

Loans \$ _____

Total Monetary \$ _____

In-Kind \$ _____

in this MIO time period

(7) Expenditures This Report

Monetary Expenditures \$ _____

Transfers to Office Account \$ None

Total Monetary \$ _____

(8) Other Distributions \$ None N/A

(9) TOTAL Monetary Contributions To Date

\$ 5,618.00

(10) TOTAL Monetary Expenditures To Date

\$ 477.64

(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) Arnold Haake

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

X Arnold Haake

Signature

(Type name) Laura Carr

Candidate Chairperson (only for PC and PTY)

X Laura Carr

Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Laura Carr (2) I.D. Number _____

(3) Cover Period 10 / 01 / 17 through 10 / 31 / 17 (4) Page 1 of 1

(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							
/ /							
/ /							
/ /							
/ /							
/ /							

None
this
Period
~~A~~

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Laura CARE

(2) I.D. Number _____

(3) Cover Period 10/01/17 through 10/31/17

(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
///		NONE this Period AT			
///					
///					
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