

### CAMPAIGN TREASURER'S REPORT SUMMARY

OFFICE USE ONLY

(1) RICK G. STEINMEYER  
Name

(2) 26236<sup>th</sup> Hickory Blvd.  
Address (number and street)  
BONITA SPRINGS, FL 34134  
City, State, Zip Code

Check here if address has changed

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

(4) Check appropriate box(es):

- Candidate Office Sought: BONITA SPRINGS COUNCIL SEAT #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 4/1/17 To 4/30/17 Report Type: 104

Original  Amendment  Special Election Report

#### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_, \_\_\_\_\_, 10.00

Loans \$ \_\_\_\_\_, 1,000.00

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

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

#### (7) Expenditures This Report

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

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

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

#### (8) Other Distributions

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

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

\$ \_\_\_\_\_, 1,010.00

#### (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) RICK G. STEINMEYER  
 Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

(Type name) RICK G. STEINMEYER  
 Candidate  Chairperson (only for PC and PTY)

X Rick G. Steinmeyer  
Signature

X Rick G. Steinmeyer  
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

MAY 22 2017 AM 11:17

(1) Name RICK G. STEINMEYER (2) I.D. Number \_\_\_\_\_

(3) Cover Period 4 / 1 / 17 through 4 / 30 / 17 (4) Page 1 of \_\_\_\_\_

(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	Amendment	Amount
4 / 7 / 17 1	CREIGHTON MS CONNIE E. 4420 TARPON AVE BOVITA SPRING, FL 34134	1	-	CAS	N	-	\$10.00
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							

MAY 22 2017 AM 11:17