

CAMPAIGN TREASURER'S REPORT SUMMARY(1) Lynda M. Waterhouse

Name

(2) 27930 Riverwalk Way

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 City Council-District 4☐ 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 / 03 / 20 To 10 / 16 / 20 Report Type: 20-G6☐ Original☐ Amendment☐ Special Election Report**(6) Contributions This Report**Cash & Checks \$, 1 , 100 . 00Loans \$, , . Total Monetary \$, 1 , 100 . 00In-Kind \$, , . **(7) Expenditures This Report**Monetary Expenditures \$, , 6 . 20Transfers to Office Account \$, , . Total Monetary \$, , 6 . 20**(8) Other Distributions**\$, , . **(9) TOTAL Monetary Contributions To Date**\$, 3 , 850 . 00**(10) TOTAL Monetary Expenditures To Date**\$, 1 , 445 . 88**(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) Lynda M. Waterhouse☐ Individual (only for IE or electioneering comm.) ☒ Treasurer ☐ Deputy Treasurer**X** Lynda M. Waterhouse
Signature(Type name) Lynda M. Waterhouse☒ Candidate ☐ Chairperson (only for PC and PTY)**X** Lynda M. Waterhouse
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Lynda M. Waterhouse (2) I.D. Number _____

(3) Cover Period 10 / 03 / 20 through 10 / 16 / 20 (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
10 07 20 / /	Katherine Giovanniello 20 Ronan Road Glen Cove, NY 11542	I	Retired	CHK			100.00
1							
10 13 20 / /	James Magnus 3411 Oaklake Court SW Bonita Springs, FL 34134	I	Business Owner	CHK			1,000.00
2							
/ /							
/ /							
/ /							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Lynda M. Waterhouse

(2) I.D. Number _____

(3) Cover Period 10 / 03 / 20 through 10 / 16 / 20

(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
10 / 07 / 20	Stripe 510 Townsend St. San Francisco, CA 94103	Credit Card Fees	MON		6.20
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