

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) TEROLYN P. WATSON
Name

(2) 2946 Dunbar St.
Address (number and street)
Fort Myers Fla 33916
City, State, Zip Code

OFFICE USE ONLY

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: CITY COUNCIL WARD 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 5/2/15 To 5/14/15 Report Type: G4

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , _____ . _____

Loans \$ _____ , _____ , _____ . _____

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

\$ _____ , _____ , 2095.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 1804.07

(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) TEROLYN P. WATSON

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

X Terolyn P. Watson
Signature

(Type name) TEROLYN P. WATSON

Candidate Chairperson (only for PC and PTY)

X Terolyn P. Watson
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Terclyn P. Watson (2) I.D. Number _____

(3) Cover Period 5/2/15 through 5/14/15 (4) Page 1 of 1

(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		
/ /							
/ /							
/ /							
/ /							
/ /							

SW

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name TEROLYN P. WATSON (2) I.D. Number _____
 (3) Cover Period 5, 2, 15 through 5, 14, 15 (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
///	TEROLYN P. WATSON				
///					
///					
///					
///					
///					