

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Terolyn P. Watson
 Name
 (2) 2946 Dunbar Street
 Address (number and street)
Fort Myers, FL 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) Check here if PC or ECO has disbanded
- Party Executive Committee (PTY) Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 3 1 14 1 15 To 3 1 26 1 15 Report Type: P6

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 123.00

Loans \$ _____, _____, _____

Total Monetary \$ _____, _____, _____

In-Kind \$ _____, _____, _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 178.00

Transfers to Office Account \$ _____, _____, _____

Total Monetary \$ _____, _____, 178.00

(8) Other Distributions

\$ _____, _____, _____

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, ~~1676.00~~ 1300.30 ^{30/10/28/16}

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, ~~1280.95~~ 1280.95 ^{30/10/28/16}

(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

(Type name) Terolyn P. Watson
 Candidate Chairperson (only for PC and PTY)

X Terolyn P. Watson
 Signature

X Terolyn P. Watson
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

15 OCT 30 10:33 AM

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

(3) Cover Period 03/14/15 / / through 03/26/15 / / (4) Page _____ of _____

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation				
3,22,15 1	Mable Cochie 2440 Merenosa Fort Myers Fla 33901	I		CAS		✓	\$120.00
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Terolyn P. Watson

(2) I.D. Number _____

(3) Cover Period 3, 14, 15 through 3, 26, 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
3/19/15	Wells Fargo Bank 9250 Ben C. Pratt Six mile Cypress Fort Myers FL 33966	check		Add	\$1.00
1					
3/19/15	Wells Fargo Bank 9250 Ben C. Pratt Six mile Cypress Fort Myers FL 33966	check		Add	\$1.00
2					
3/23/15	Wells Fargo Bank 9250 Ben C. Pratt Six mile Cypress Fort Myers FL 33966	check		Add	\$1.00
3					
1/1					
1/1					
1/1					
1/1					
1/1					