

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Terolyn P. Watson
 Name
 (2) 2946 Dunbar
 Address (number and street)
Fort Myers Fla
 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 5/15/15 To 8/17/15 Report Type: TR

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , _____ -0-

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 188.91

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , _____ . _____

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , ~~2015.00~~ ^{3w} 2100.30 10/8/15

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 1963.58

(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 EXPENDITURES

15 OCT 30 10:31 AM

(1) Name TEROLYN P WATSON

(2) I.D. Number _____

(3) Cover Period 5, 15, 15 through 8, 17, 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
5/19/15	Lynn Riley 5402 Berryman St. Lehigh Acres Fla 33971		CAN	✓	168.91
1					
6/18/15 ^{ju}	Wells Fargo 9250 Ben C Pratt Six mile Cypress Fort Myers Fla 33916		CAN	✓	10.00
2					
7/18/15	Wells Fargo 9250 Ben C. Pratt Six mile Cypress Fort Myers Fla 33916		CAN	✓	10.00
3					
8/18/15	TEROLYN P. WATSON 2946 Dunbar St. Fort Myers, Fla 33916		RE		4.72
1/1					
1/1					
1/1					
1/1					

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Terolyn P. Watson

(2) I.D. Number _____

(3) Cover Period 5, 15, 15 through 8, 17, 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
5/17/15	Custom Tags-N-Tees 4125 S Cleveland Ave. Fort Myers Ave 33901	CAN ³⁰ T-shirts 10/28/15	CAN	Add	158.68
1					
5/19/15	Lynn Riley 5402 Berryman St. Lehigh Acre Fla 33971	check elect Food/Party	CAN	Add	168.91
2					
6/18/15	Wells Fargo Bank 9250 Ben C. Pratt Six mile Cypress 33966 Fort Myers Fla	Service charge	CAN	Add	10.00
3					
7/8/15	Wells Fargo Bank 9250 Ben C. Pratt Six mile Cypress Fort Myers	Service charge	CAN	Add	10.00
4					
8/18/15	Terolyn P. Watson 2946 Dunbar St. Fort Myers Fla 33914		Re Payment	Add	4.72
1/1					
1/1					
1/1					