

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Lynne R. Matthews
 Name
 (2) 1256 Pine Siskin Drive
 Address (number and street)
Punta Gorda, FL 33950
 City, State, Zip Code

OFFICE USE ONLY
 RECEIVED
 JUL 16 2018
 CITY CLERK'S OFFICE

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Punta Gorda 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 06 / 23 / 18 To 07 / 16 / 18 Report Type: TR

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 0 . 00

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 0 . 00

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

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 62 . 78

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

Total Monetary \$ _____ , _____ , 62 . 78

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 200 . 00

(10) TOTAL Monetary Expenditures To Date

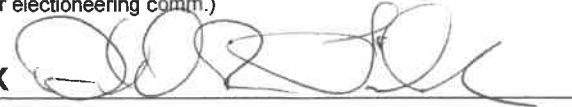
\$ _____ , _____ , 200 . 00

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

X 
 Signature

(Type name) Lynne R. Matthews
 Candidate Chairperson (only for PC and PTY)

X 
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Lynne R. Matthews (2) I.D. Number _____

(3) Cover Period 06 / 23 / 18 through 07 / 16 / 18 (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		Amount
/ /							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Lynne R. Matthews

(2) I.D. Number _____

(3) Cover Period 06 / 23 / 18 through 07 / 16 / 18

(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
(6) Sequence Number					
/ / 01	Lynne R. Matthews 1256 Pine Siskin Drive Punta Gorda, FL 33950	Loan reimbursement to candidate	RMB		62.78
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