CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Erry futchison	OFFICE USE ONLY						
Name (2)	FEB 1 9 2016						
Address (number and street)	CITY OF NAPLES						
City, State, Zip Code	CITY CLERK						
☐ Check here if address has changed	(3) ID Number:						
(4) Check appropriate box(es): Candidate Office Sought: 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						
la de la companya de	2 / 12 / 2414 Report Type:						
Original Amendment Special Election Report							
(6) Contributions This Report	(7) Expenditures This Report						
Cash & Checks \$,,	Monetary Expenditures \$, ,						
Loans \$,,	Transfers to Office Account \$, , , , ,						
Total Monetary \$,	Total Monetary \$,						
In-Kind \$, ,	, , , , , , , , , , , , , , , , , , ,						
	(8) Other Distributions \$, ,						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$, <u></u> , <u>284</u> . <u> </u>	\$, <u>284</u>						
(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) LETTY Hutchison ☐ Individual (only for IE or electioneering comm.) ☐ Deputy Treasurer	(Type name)						
X 2my Hatzwee	X Jahry three town						
Signature	Signature						

(1) Name								
3) Cover Perio	d 2 / 1 / 24/6 through 2	1 12 / 2016 (4	l) Pagel	of _	1			
(5) Date (6) Sequence Number	(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)	(11)			
//	No Expenditures							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	gray Harelison			(2)	(2) I.D. Number				
(3) Cover Period 2 / 1 / 2616 through 2 / 12 / 2616 (4) Page 1 of									
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	Co	(8)	(9)	(10) In-kind	(11)	(12)		
Number	City, State, Zip Code	Туре	Occupation	Type	Description	Amendment	Amount		
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1 1									
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1 1									
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES