CAMPAIGN TREASURER'S REPORT SUMMARY								
(1)	Terry Hutchison	OFFICE USE ONLY						
(0)	Name	KECEIVED						
(2)	1075 7th Avenue North Address (number and street)	MAR 1 1 2015						
	Naples, FL 34102	CITY OF NAPLES CITY CLERK						
	City, State, Zip Code							
	☐ Check here if address has changed	(3) ID Number:						
(4)	Check appropriate box(es): Candidate Office Sought: Naples City Co	ouncil						
	☐ Candidate Office Sought:	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								
Cov	er Period: From 2 / 27 / 2016 To	3 / 10 / 2016 Report Type:						
✓ Original								
(6)	Contributions This Report	(7) Expenditures This Report						
Cas	h & Checks \$, , <u>120</u> . <u>00</u>	Monetary						
Loa	s,,	Transfers to Office Account \$, , .						
Tota	al Monetary \$, , <u>120</u> . <u>00</u>	Total Monetary \$, , 120 . 00						
In-K	ind \$,,,							
		(8) Other Distributions \$,						
(9)	TOTAL Monetary Contributions To Date \$,, 414 _ 00	(10) TOTAL Monetary Expenditures To Date \$, _41400						
(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) Terry Hutchison Individual (only for IE Treasurer Deputy Treasurer	(Type name) Terry Hutchison Candidate Chairperson (only for PC and PTY)						
	r electioneering comm.)	☐ Candidate ☐ Chairperson (only for PC and PTY)						
>	Em Hoteld	X say first w						
	ignature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (1) Name Fre Horalis on (2) I.D. Number _____ (3) Cover Period 2 / 27 / 2414 through 3 / 10 / 2016 (4) Page ____ of ___ (7) (8) (9) (10) (11) (5) Date **Full Name** Purpose (Last, Suffix, First, Middle) (add office sought if (6)Expenditure Street Address & contribution to a Sequence Type City, State, Zip Code candidate) Amendment Amount Number 3 /10 /2014 120 Naples fr 34102

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Erry Hotekusen (2) I.D. Number								
(3) Cover Period 2 / 27 / 2016 through 3 / 10 / 2016 (4) Page 1 of 1								
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12)		
03, 10 /2016		Candidate				120		
1 1								
1 1								
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES