CAMPAIGN TREASURER'S REPORT SUMMARY

RECEIVED
CITY CLERK'S OFFICE
2015 SEP 10 PM 4:49
CITY OF KEY WEST
KEY WEST, FLORIDA

OFFICE USE ONLY

(1) DONNA M. BOSOLD
Name

(2) P.O. BOX 1553
Address (number and street)

KEY WEST FL 33041
City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: 321

(4) Check appropriate box(es):

☒ Candidate Office Sought: UTILITY BOARD, GROUP 1
☐ 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 9 / 1 / 15 To 9 / 4 / 15 Report Type: G-1

☒ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ ___ , ___ 1,100 . 00
Loans	$ ___ , ___ , ___ . ___
Total Monetary	$ ___ , ___ 1,100 . 00
In-Kind	$ ___ , ___ , 98 . 00

(7) Expenditures This Report

Monetary Expenditures	$ ___ , ___ , 147 . 00
Transfers to Office Account	$ ___ , ___ , ___ . ___
Total Monetary	$ ___ , ___ , 147 . 00

(8) Other Distributions NA
$ ___ , ___ , ___ . ___

(9) TOTAL Monetary Contributions To Date
$ ___ , 2,501 . 00

(10) TOTAL Monetary Expenditures To Date
$ ___ , 1,496 . 90

(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) DONNA M. BOSOLD
☐ Individual (only for IE or electioneering comm.) ☒ Treasurer ☐ Deputy Treasurer

X [signature]
Signature

(Type name) DONNA M. BOSOLD
☒ Candidate ☐ Chairperson (only for PC and PTY)

X [signature]
Signature

DS-DE 12 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name DONNA M. BOSOLD (2) I.D. Number 321

(3) Cover Period 9 / 1 / 15 through 9 / 4 / 15 (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	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
9 / 1 / 15 1	Kephart, Lynn 414 Simonton St. Key West, FL 33040	I	Retired	CHE			$500
9 / 1 / 15 2	Keys Hospitality LLC 99340 Overseas Hwy Key Largo, FL 33037	B	Hotel	CHE			$600
9 / 2 / 15 3	Bosold, Donna PO Box 1553 Key West, FL 33041	S	Planner	INK	Stamps		$98
/ / 							
/ / 							
/ / 							
/ / 							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name DONNA M. BOSOLD (2) I.D. Number 321

(3) Cover Period 9 / 1 / 15 through 9 / 4 / 15 (4) Page 1 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) Amendment	(11) Amount
9/2/15 / 1	US Postal Service Flagler Station Keylost FL 33040	Postage for mailers	CAN (postage)		$147
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

DS-DE 14 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES