

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS  
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Jeanette F. Gates  
Name

(2) 448 SPADARO DR  
Address (number and street)  
Venice FL 33585  
City, State, Zip Code

**OFFICE USE ONLY**

CLERK 28OCT'13 PM 3:42

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: \_\_\_\_\_

**(4) Check appropriate box(es):**

- Candidate (office sought): Venice City Council Seat #5
- Political Committee
- Committee of Continuous Existence
- Party Executive Committee
- Electioneering Communication
- CHECK IF PC HAS DISBANDED
- CHECK IF CCE HAS DISBANDED
- CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 7 / 31 / 13 To 10 / 15 / 2013 Report Type TR

Original     Amendment     Special Election Report     Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks        \$ \_\_\_\_\_

Loans                    \$ 105.00

Total Monetary        \$ 105.00

In-Kind                 \$ \_\_\_\_\_

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures    \$ 105.00

Transfers to Office Account    \$ \_\_\_\_\_

Total Monetary            \$ 105.00

**(8) Other Distributions**  
\$ \_\_\_\_\_

**(9) TOTAL Monetary Contributions To Date**  
\$ 105.00

**(10) TOTAL Monetary Expenditures To Date**  
\$ 105.00

**(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.

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(Type name) MARK W. PAOLILLO, CPA  
 Individual (only for electioneering commun.)     Treasurer     Deputy Treasurer

(Type name) Jeanette F. Gates  
 candidate     Chairperson (only for PC, PTY & electioneering commun. organization)

**X** [Signature] CPA  
Signature

**X** [Signature]  
Signature

**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name Jeanette F. Gates (2) I.D. Number \_\_\_\_\_

(3) Cover Period 7 / 31 / 13 through 10 / 15 / 13 (4) Page 1 of 1

(5) Date	(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) Amendment	(12) Amount
7 / 31 / 13	Jeanette F. Gates 448 Spadaro Dr Venice, FL 34285	I		LOA			100.00
001							
8 / 30 / 13	Jeanette F. Gates 448 Spadaro Dr Venice, FL 34285	I		LOA			5.00
002							
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Jeanette F. Gates

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 7/31/13 through 10/15/13

(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					
9/4/13	City of Venice 401 West Venice Ave Venice, FL 34285	Application Fee	MON		102.00
001					
10/15/13	Jeanette F. Gates 448 Spadaro Ln Venice, FL 34285	Repay Loan	DIS		3.00
002					
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