

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) JOHN DIMOLA  
Name

(2) 731 SW ARKANSAS TERRACE  
Address (number and street)

FORT ST. LOUISE, FL. 34953  
City, State, Zip Code

Check here if address has changed

OFFICE USE ONLY

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

(4) Check appropriate box(es):

- Candidate Office Sought: FORT ST. LOUISE CITY COUNCIL, DISTRICT 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 4 / 1 / 14 To 4 / 30 / 14 Report Type: M4

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_, \_\_\_\_\_, 0.00

Loans \$ \_\_\_\_\_, \_\_\_\_\_, 634.00

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, 634.00

In-Kind \$ \_\_\_\_\_, \_\_\_\_\_, 0.00

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_, \_\_\_\_\_, 0.00

Transfers to Office Account \$ \_\_\_\_\_, \_\_\_\_\_, 0.00

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, 0.00

### (8) Other Distributions

\$ \_\_\_\_\_, \_\_\_\_\_, 0.00

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_, \_\_\_\_\_, 634.00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_, \_\_\_\_\_, 0.00

### (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) SUSAN A. HOLLOWAY

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

X Susan A. Holloway  
Signature

(Type name) JOHN DIMOLA

Candidate  Chairperson (only for PC and PTY)

X John Dimola  
Signature

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

(1) Name John DiMola (2) I.D. Number \_\_\_\_\_

(3) Cover Period 4 / 1 / 14 through 4 / 30 / 14 (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
(6) Sequence Number		Type	Occupation	Type	Description		Amount
<b>4 / 25 / 14</b>	<b>DiMola, John L. 731 SW Arkansas Ter Port St. Lucie, FL. 34953</b>	<b>S</b>	<b>Security Officer</b>	<b>LOA</b>			<b>\$634.00</b>
<b>M4-1</b>							
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