

# CAMPAIGN TREASURER'S REPORT SUMMARY (cover sheet)

Modified For Lee County Only (09-2001)

**SEE REVERSE SIDE FOR INSTRUCTIONS ON COMPLETING ITEMS 1 THROUGH 11**

(1) Citizens for Quality Education (2) 239 395 1136  
 Candidate, Committee or Political Party Name Daytime Telephone Number  
 (3) 201 Daniel Drive Samuel 7133557  
 Address (Number and Street) City Zip Code

**NOTE:** Check box if address has changed since last report

(4) Check appropriate box or boxes below indicating reporting status:

## QUARTERLY REPORT

Candidate (office sought and district or seat #) \_\_\_\_\_

- Political committee
- Committee of Continuous Existence
- Party Executive Committee
- Electioneering Communication

- CHECK IF PC HAS DISBANDED
- CHECK IF COE HAS DISBANDED
- CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS (see reporting calendar or report reminder notice)

Reporting Period Covered: From 4, 1, 05 TO 6, 30, 05 Report Type Code: Q2

- Original Report  Amended Report  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTION FOR THIS REPORTING PERIOD**

Cash and Checks \$ \_\_\_\_\_  
 Loans by Candidate \$ \_\_\_\_\_  
**TOTAL Monetary for Reporting Period** \$ \_\_\_\_\_

In-kind Contributions

(\$ \_\_\_\_\_)  
 For this reporting period only.  
**DO NOT** add in-kind with monetary **AND** only list the amount for this reporting period.

**(7) EXPENDITURES FOR THIS REPORTING PERIOD**

Monetary Expenditures \$ \_\_\_\_\_  
 Transfers to Office Account \$ \_\_\_\_\_  
**TOTAL Monetary Expenditures for Reporting Period** \$ \_\_\_\_\_

**(8) Other Distributions (DOES NOT APPLY TO CANDIDATES)**

(\$ \_\_\_\_\_)  
 For this reporting period only.  
**DO NOT** add to expenditures, only list the amount for this reporting period. (see instructions)

RECEIVED  
 2005 JUL -6 AM 5:52  
 SUPERVISOR OF ELECTIONS

**(9) TOTAL Monetary Contributions TO DATE:**

\$ \_\_\_\_\_  
 Combine amount in (9) from last report on this line.

**(10) TOTAL Monetary Expenditures TO DATE:**

\$ \_\_\_\_\_  
 Combine amount in (10) from last report on this line.

**(11) CERTIFICATION**

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, FS)

(SEE INSTRUCTIONS FOR SIGNATURE REQUIREMENTS)

I certify that I have examined this report and it is true, correct and complete

- Treasurer  Deputy Treasurer  Individual (only for Electioneering Communication Organization or Independent Expenditure)

(SEE INSTRUCTIONS FOR SIGNATURE REQUIREMENTS)

I certify that I have examined this report and it is true, correct and complete

- Candidate  Chairman (only for PC, PTY and Electioneering Communication Organization)

X [Signature]  
 Signature

X \_\_\_\_\_  
 Signature

**THIS FORM MUST BE SIGNED AS REQUIRED**

(SEE INSTRUCTIONS FOR SIGNATURE REQUIREMENTS)