

(ok) Waiver of Report

FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS

# 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 Dr. Sanibel FL 33857  
 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:

Candidate (office sought and district or seat #)

Political Committee  Check if PC has DISBANDED  
 Committee of Continuous Existence  Check if CCE has DISBANDED  
 Party Executive Committee

RECEIVED  
2003 APR - 4 PM 12: 12  
SUPERVISOR OF ELECTIONS

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

Reporting Period Covered: From 1, 1, 03 TO 3, 31, 03 Report Type: Q1

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 \$ 0

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 \$ 0

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

(\$ \_\_\_\_\_)

For this reporting period only.  
 DO NOT add to expenditures AND only list the amount for this reporting period. (see instructions)

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

\$ 0

Include amount in (9) from last report on this line.

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

\$ \_\_\_\_\_

Include 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)

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

Treasurer or  Deputy Treasurer

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

Candidate or  Chairman (PC/PTY only)

X [Signature]  
 Signature of Treasurer or Deputy Treasurer

X \_\_\_\_\_  
 Signature of Candidate or PC/PTY Chairman

DSDE 12 (02/97)

AN IMPORTANT NOTE TO CANDIDATES, PC'S AND PTY'S  
THIS FORM MUST BE SIGNED ON EACH SIDE BY THE APPROPRIATE INDIVIDUAL