

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) SANIBEL GOOD GOVERNMENT COALITION (2) 941/472-4106
 Candidate, Committee or Political Party Name Daytime Telephone Number
 (3) 9027 MOCKINGBIRD DR SANIBEL 33957
 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

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 2007 SEP 30 AM 10:25
 SUPERVISOR OF ELECTIONS

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

Reporting Period Covered: From 04/14/02 TO 09/27/02 Report Type: 25
 Original Report Amended Report Special Election Report Independent Expenditure Report

(6) CONTRIBUTION FOR THIS REPORTING PERIOD

Cash and Checks \$ 25.00
 Loans by Candidate \$ 0
 TOTAL Monetary for Reporting Period \$ 25.00

In-kind Contributions
 (\$ 0)
 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 0
 Transfers to Office Account \$ 0
 TOTAL Monetary Expenditures for Reporting Period \$ 0

(8) Other Distributions (DOES NOT APPLY TO CANDIDATES)
 (\$ 0)
 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:
 \$ 5,195.00
 Include amount in (9) from last report on this line.

(10) TOTAL Monetary Expenditures TO DATE:
 \$ 3,716.09
 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. 339.13, 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]
 Signature of Candidate or PC/PTY Chairman

