

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) 239-395-0308
 Candidate, Committee or Political Party Name Daytime Telephone Number

(3) 251 CHRISTOPHER COURT SANIBEL FL 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

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

Reporting Period Covered: From 09/25/04 TO 10/08/04 Report Type: G3

- Original Report Amended Report Special Election Report Independent Expenditure Report

(6) CONTRIBUTION FOR THIS REPORTING PERIOD

Cash and Checks \$ NONE
 Loans by Candidate \$ _____
 TOTAL Monetary for Reporting Period \$ NONE

(7) EXPENDITURES FOR THIS REPORTING PERIOD

Monetary Expenditures \$ 98.00
 Transfers to Office Account \$ -
 TOTAL Monetary Expenditures for Reporting Period \$ 98.00

In-kind Contributions
 (\$ NONE)
 For this reporting period only.
 DO NOT add in-kind with monetary AND only list the amount for this reporting period.

(8) Other Distributions (DOES NOT APPLY TO CANDIDATES)
 (\$ NONE)
 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:
 \$ 9765.00
 Include amount in (9) from last report on this line.

(10) TOTAL Monetary Expenditures TO DATE:
 \$ 8332.36
 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]
 Signature of Candidate or PC/PTY Chairman

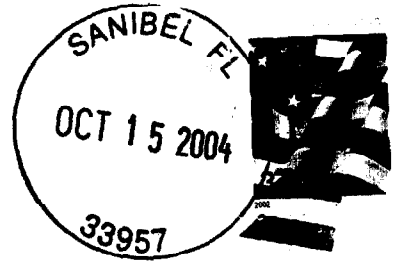
DSDE 12 (02/97)

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

SCANNED

SCANNED

Sanibel Good Government Coalition
PO Box 1072
Sanibel, FL 33957



Sharon L. Harrington
Supervisor of Elections
Lee County
PO Box 2545
Fort Myers, FL 33925-2545

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OFFICE OF ELECTIONS
LEE COUNTY

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