

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 / 472-4106  
 Candidate, Committee or Political Party Name Daytime Telephone Number

(3) 9027 Mockingbird Dr. 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

RECEIVED  
 APR 20 11 12  
 SUPERVISOR OF ELECTIONS

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

Reporting Period Covered: From 08/03/02 to 08/16/02 Report Type: F2

Original Report  Amended Report  Special Election Report  Independent Expenditure Report

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

Cash and Checks \$ 0

Loans by Candidate \$ 0

TOTAL Monetary for Reporting Period \$ 0

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 \$ 98.00

Transfers to Office Account \$ 0

TOTAL Monetary Expenditures for Reporting Period \$ 98.00

**(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:**  
 \$ 5,170.00  
 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. 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

