

FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS  
**CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Bob Lehman Campaign (2) # 283-2217 none  
 Candidate, Committee or Party Name I.D. Number

(3) P.O. Box 182 Bokeelia, FL 33922  
 Address (number and street) City State Zip Code

Check box if address has changed since last report

(4) Check appropriate box(es):

- Candidate (office sought): County Commissioner, District 11  Check if PC has DISBANDED  
 Political Committee  Check if CCE has DISBANDED  
 Committee of Continuous Existence  
 Party Executive Committee

**FINAL REPORT**

RECEIVED  
 SUPERVISOR OF  
 ELECTIONS  
 JUN 11 11 00 AM '00

**(5) REPORT IDENTIFIERS**

Cover Period: From 1/03/2000 To 12/31/2000 Report Type TR

- Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$0.00  
 Loans \$0.00  
 Total Monetary \$0.00  
 In-kind \$0.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$1,326.60  
 Transfers to Office Account \$0.00  
 Total Monetary \$1,326.60  
 (8) Other Distributions \$0.00

**(9) TOTAL Monetary Contrib. to Date \$9,041.34**

**(10) TOTAL Monetary Expen. to Date \$8,945.59**

**(9) CERTIFICATION**

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

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

Name of  Treasurer  Deputy Treasurer

X Bob Lehman  
 Signature DS-DE 12 (02/97).

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

Name of  Candidate  Chairman (PC/PTY Only)

X Bob Lehman  
 Signature Software copyright © 1996 Campaign ToolBox

**CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS**

(1) Name Bob Lehman Cam 1997

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 11/03/2000 through 12/31/2000

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
		Type	Occupation				

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**CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

(1) Name Bob Lehman Campaign

(2) I.D. Number none

(3) Cover Period 1 1/03/2000 through 12/31/2000

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
1 1/30/2000	NationsBank 504 1 Pine Island Rd NW Bokeelia, FL 33922	Service Charge	MON		\$15.00
00000 1					
12/12/2000	Libertarian Party Of Lee County P.O. Box 182 Bokeelia, FL 33922	Refund of Conbtribution	MON		\$111.60
000002					
12/12/2000	Lehman, Bob P.O. Box 182 Bokeelia, FL 33922	Repayment of Latest Loan	MON		\$1,200.00
000003					

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Jan 4 11 03 AM '01