

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

(1) John B. Poole (2) 561-6752
Candidate, Committee or Party Name PHONE #

(3) 12190 Wellesley Ct Fr Myers FL 33913
Address (number and street) City State Zip Code

Check box if address has changed since last report

FINAL REPORT

(4) Check appropriate box(es):

- Candidate (office sought): Lee County Hospital Board - District 5
- Political Committee Check if PC has DISBANDED
- Committee of Continuous Existence Check if CCE has DISBANDED
- Party Executive Committee

(5) REPORT IDENTIFIERS

Cover Period: From 7129100 To 812100 Report Type TR

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 0.00

Loans \$

Total Monetary \$ 0.00

In-kind \$ - P - L -

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 339.00

Transfers to Office Account \$

Total Monetary \$ 339.00

(8) Other Distributions \$

(9) TOTAL Monetary Contributions to Date
\$, 500.00

(10) TOTAL Monetary Expenditures to Date
\$, 500.00

(11) 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

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

Name of Treasurer Deputy Treasurer

Name of Candidate Chairman (PC/PTY Only)

X [Signature]
Signature/

X [Signature]
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name John B. Poole

(2) PHONE # 561-6752

(3) Cover Period 7129100 through 812100

(4) Page 1 of 1

(5) Date	(6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contributive Type	(10) In-kind Description	(11) Amendment	(12) Amount
			Type	Occupation				
///	///	NONE	-	-				
///	///							
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FINAL REPORT

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name John B. Poole

(2) PHONE # 561-6752

(3) Cover Period 7125100 through 812100

(4) Page _____ of _____

(5) Date	(7) FullName (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
8/2/00	John B. Poole retired candidate Contributions	Refund	REF		339.0
11					
11					
11					
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11					
11					
11					
11					
11					

FINAL REPORT