

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

(1) JANE KUCKEL (2) 948-9118  
Candidate, Committee or Party Name PHONE #

(3) 20857 GLENEAGLES DR ESTERO FL 33928  
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): LEE COUNTY SCHOOL BOARD DISTRICT 3

Political Committee  Check if PC has DISBANDED

Committee of Continuous Existence  Check if CCE has DISBANDED

c | Party Executive Committee

**FINAL REPORT**

RECEIVED  
SUPERVISOR OF  
ELECTIONS  
Oct 18 2 53 PM '00

**(5) REPORT IDENTIFIERS**

Cover Period: From 09/01/00 To 10/17/00 Report Type Final

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ \_\_\_\_\_

Loans \$ 813.12

Total Monetary \$ \_\_\_\_\_

In-kind \$ - # - \* A -

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 7,222.27

Transfers to Office Account \$ \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_

(8) Other Distributions \$ \_\_\_\_\_

**(9) TOTAL Monetary Contributions to Date**  
\$ 27,013.12

**(10) TOTAL Monetary Expenditures to Date**  
\$ 27,013.12

**(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

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Name of  Treasurer c | Deputy Treasurer  
X Jane Kuckel  
Signature

Name of  Candidate  Chairman (PC/PTY Only)  
X Jane Kuckel  
Signature

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

(1) Name JANE KUCKEL

(2) PHONE # 948.9118

(3) Cover Period 09/10/00 through 10/17/00

(4) Page 1 of 1

(6) 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
09/13/00 01	JANE KUCKEL 20857 GLENACLES ESTERO, FL 33928	LOAN + EXPENSE REIMBURSE- MENT	MON		7000.00
10/17/00 02	JANE KUCKEL 20857 GLENACLES ESTERO, FL 33928	EXPENSE REIMBURSE- MENT	MON		222.27
11					
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(1) Name JANE KUCKEL

(2) PHONE # 948.9118

(3) Cover Period 09/01/00 through 10/17/00

(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
(6) Sequence Number					
09/10/00	GARY KUCKEL 20857 GLENEAGLES ESTERLO, FL 33928	SUPPLIES/ COPIES	MON		813.12
01					
11					
11					
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