

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

(1) LARRY EDWARD BERKOWITZ (2) 941-415-2226  
Candidate, Committee or Party Name PHONE #

(3) 17350 CANNON COURT FT MYERS FL 33908  
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 HOSPITAL BOARD
- Political Committee  Check if PC has DISBANDED
- Committee of Continuous Existence  Check if CCE has DISBANDED
- Party Executive Committee

**QUARTERLY  
REPORT**

**(5) REPORT IDENTIFIERS**

Cover Period: From 04/01/00 To 06/30/00 Report Type Q2

- Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

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

Loans \$ 250.00

Total Monetary \$ 250.00

In-kind \$ \_\_\_\_\_

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ \_\_\_\_\_

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

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

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

(9) TOTAL Monetary Contributions to Date  
\$ 250.00

(10) TOTAL Monetary Expenditures to Date  
\$ 00.00

**(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

**X** \_\_\_\_\_  
Signature

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

(1) Name Harry Edward Berkowitz

(2) PHONE # 415-2226

(3) Cover Period 4/1/00 through 6/30/00

(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				
6/12/00	Harry Berkowitz 17356 Carden Ct H. Myers, FL 33908	I	CANDIDATE	LOA			250 <sup>00</sup>
# 1							
1/1							
1/1							
1/1							
1/1							
1/1							
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**QUARTERLY  
REPORT**

JUL 7 12 57 PM '00  
 SUPERVISOR OF  
 STATE

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

(1) Name Harry Edward Berkowitz

(2) PHONE # 415-2226

(3) Cover Period 4/1/00 through 6/30/00

(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) Amendmen	(11) Amount
(6) Sequence Number					
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**QUARTERLY  
REPORT**

JUN 7 12 31 00  
 SUPERVISOR OF