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

(1) C BERKOWITZ, LARRY EDWARD 00-013591 (2) 415-2226  
17350 CARDEN CT PHONE #  
FORT MYERS FL 33908

(3) A \_\_\_\_\_  
City State Zip Code

Check box if address has changed since last report

(4) Check appropriate box(es):  
 Candidate (office sought): Hospital Board (Dist 3)  
 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 07,01,00 To 07,28,00 Report Type 971

Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ \_\_\_\_\_  
 Loans \$ 250.00  
 Total Monetary \$ 250.00  
 In-kind \$ I - P A -

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 154.00  
 Transfers to Office Account \$ \_\_\_\_\_  
 Total Monetary \$ 154.00

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

(9) TOTAL Monetary Contributions to Date  
\$ 250.00

(10) TOTAL Monetary Expenditures to Date  
\$ 154.00

**(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

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Name of  Treasurer  Deputy Treasurer  
X \_\_\_\_\_  
 Signature

Name of  Candidate  Chairman (PC/PTY Only)  
X \_\_\_\_\_  
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Larry E. Berkowitz

(2) PHONE # 415-2226

(3) Cover Period 07101100 through 07128100

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contributio Type	(10) In-kind Description	(11) Amendmen	(12) Amount
		Type	Occupatior				
07117100 #1	Larry E. Berkowitz 17350 Carden Ct. Im 33908	I	Retired	LOA			250 <sup>00</sup>
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Larry E. Berkowitz

(2) PHONE # 415-8226

(3) Cover Period 07/01/00 through 07/28/00

(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
07/17/00 #1	PHILINDA A. YOUNG Supervisor of Elections P.O. Box 2545 Fort Myers, FL 33902	Filing Fee	MON		\$150.00
07/19/00 #2	South Trust Bank 1530 Neutron Ave FtM 33901	Bank S/C	MON		\$4.00
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