

FLORIDA DEPARTMENT OF STATE, DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY (cover sheet)

Modified For Lee County Only (09-2001)

SEE REVERSE SIDE FOR INSTRUCTIONS ON COMPLETING ITEMS 1 THROUGH 11

(1) KERRY L. BABB (2) 239-340-8640
 Candidate, Committee or Political Party Name Daytime Telephone Number

(3) 11594 PLANTATION PRESERVE CIR. FT. MYERS FL. 33912
 Address (Number and Street) City Zip Code

NOTE: Check box if address has changed since last report

(4) Check appropriate box or boxes below indicating reporting status:

Candidate (office sought and district or seat #) HOSPITAL BOARD DISTRICT 5

- | | |
|--|---|
| <input type="checkbox"/> Political Committee | <input type="checkbox"/> CHECK IF PC HAS DISBANDED |
| <input type="checkbox"/> Committee of Continuous Existence | <input type="checkbox"/> CHECK IF CCE HAS DISBANDED |
| <input type="checkbox"/> Party Executive Committee | <input type="checkbox"/> CHECK IF NO OTHER ELECTIONEERING |
| <input type="checkbox"/> Electioneering Communication | COMMUNICATION REPORTS WILL BE FILED |

(5) REPORT IDENTIFIERS (see reporting calendar or report reminder notice)

Reporting Period Covered: From 09 / 14 / 06 TO 09 / 29 / 06 Report Type Code: _____

- Original Report Amended Report Special Election Report Independent Expenditure Report

(6) CONTRIBUTION FOR THIS REPORTING PERIOD

Cash and Checks \$ 600.00

Loans by Candidate \$ _____

TOTAL Monetary for Reporting Period \$ 600.00

In-kind Contributions (\$ _____)

For this reporting period only.
DO NOT add in-kind with monetary **AND** only list the amount for this reporting period.

(7) EXPENDITURES FOR THIS REPORTING PERIOD

Monetary Expenditures \$ 757.90

Transfers to Office Account \$ _____

TOTAL Monetary Expenditures for Reporting Period \$ 757.90

(8) Other Distributions (DOES NOT APPLY TO CANDIDATES)

(\$ _____)

For this reporting period only.
DO NOT add to expenditures **AND** only list the amount for this reporting period. (see instructions)

(9) TOTAL Monetary Contributions TO DATE:

\$ 1150.00

Combine amount in (9) from last report on this line.

(10) TOTAL Monetary Expenditures TO DATE:

\$ 1108.25

Combine amount in (10) from last report on this line.

DECLARATION OF CAMPAIGN CONTRIBUTION

(SEE INSTRUCTIONS FOR SIGNATURE REQUIREMENTS)
I certify that have examined this report and it is true, correct and complete

Treasurer Deputy Treasurer Individual (only for Electioneering Communication Organization or Independent Expenditure)

(SEE INSTRUCTIONS FOR SIGNATURE REQUIREMENTS)
I certify that have examined this report and it is true, correct and complete

Candidate Chairman (only for PC, PTY and Electioneering Communication Organization)

KERRY BABB
X [Signature]
 Signature

[Signature]
X [Signature]
 Signature

THIS FORM MUST BE SIGNED AS REQUIRED
 (SEE INSTRUCTIONS FOR SIGNATURE REQUIREMENTS)

*06DC 04M 1205 501 Lee Co-F1

