

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) MIKE BIGL Candidate, Committee or Political Party Name (2) 239 449 9022 Daytime Telephone Number

(3) 11062 LAKEWOOD CIRCLE Address (Number and Street) FORT MYERS City 33913 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 #) LMHS 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 COMMUNICATION REPORTS WILL BE FILED |
| <input type="checkbox"/> Electioneering Communication | |

AMENDED REPORT

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

Reporting Period Covered: From 09-16-06 TO 09-29-06 Report Type Code: G2

- Original Report Amended Report Special Election Report Independent Expenditure Report

(6) CONTRIBUTION FOR THIS REPORTING PERIOD

Cash and Checks \$ 2,750.00
 Loans by Candidate \$ 1,000.00
 TOTAL Monetary for Reporting Period \$ 3,750.00

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 \$ 0
 Transfers to Office Account \$ _____
 TOTAL Monetary Expenditures for Reporting Period \$ 0

(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:

\$ 4,250.00
 Combine amount in (9) from last report on this line.

(10) TOTAL Monetary Expenditures TO DATE:

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

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (FS 339.18) 5

(SEE INSTRUCTIONS FOR SIGNATURE REQUIREMENTS)

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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

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

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

X [Signature]
 Signature

X [Signature]
 Signature

THIS FORM MUST BE SIGNED AS REQUIRED

(SEE INSTRUCTIONS FOR SIGNATURE REQUIREMENTS)