

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 I THROUGH 11**

(1) Richard Arkin (2) 239.481.3599  
 Candidate, Committee or Political Party Name Daytime Telephone Number  
 (3) 1220 Westfield Dr Fort Myers, FL 33919  
 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 #) Lee Memorial Hospital Board # 2

- |  |  |
|--|--|
| <input type="checkbox"/> Political Committee               | <input type="checkbox"/> CHECK IF PC HAS DSSBANDED   |
| <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 <b>WILL BE FILED</b> |
| <input type="checkbox"/> Electioneering Communication      |  |

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

Reporting Period Covered: From 09 / 16 / 06 TO 09 / 29 / 06 Report Type Code: 62

Original Report  Amended Report  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTION FOR THIS REPORTING PERIOD**

Cash and Checks \$ 367 . 99  
 Loans by Candidate \$ 0 . 00  
 TOTAL Monetary for Reporting Period \$ 367 . 99

**In-kind Contributions**

(\$ 0 . 00)  
 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 . 00  
 Transfers to Office Account \$ - . 00  
 TOTAL Monetary Expenditures for Reporting Period \$ 0 . 00

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

(\$ 0 . 00)  
 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:**

\$ 3,417 . 99  
 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.

(SEE INSTRUCTIONS FOR SIGNATURE REQUIREMENTS)  
**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))

(SEE INSTRUCTIONS FOR SIGNATURE REQUIREMENTS)  
**I certify that I have examined this report and it is true, correct and complete**  
 Candidate  Chairman (only for PC, PTY and Electioneering Communication Organization)

X [Signature]  
 Signature

X Richard B. Arkin  
 Signature

**THIS FORM MUST BE SIGNED AS REQUIRED**

(SEE INSTRUCTIONS FOR SIGNATURE REQUIREMENTS)

\*06OCT06AM1119 SDE Lee Co FL



