

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

COPY

(1) JAMES J. ENGLISH (2) 332-7069
Candidate, Committee or Party Name Telephone Number

(3) 1255 FLORIDA AVE FT. MYERS FL 33901
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): HOSPITAL BOARD C 2

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 7/1/98 to 7/24/98 y p e _____

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 0

Loans \$ 0

Total Monetary \$ 0

In-kind \$ 0

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 2.50

Transfers to Office Account \$ _____

Total Monetary \$ _____

(8) Other Distributions \$ _____

(9) TOTAL Monetary Contributions to Date

\$ 0.00

(10) TOTAL Monetary Expenditures to Date

\$ 25.00

(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)

[Signature]
Signature

[Signature]
Signature

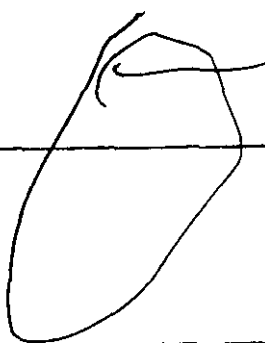
CAMPAIGN TREASURER'S REPORT -- ITEMIZED CONTRIBUTIONS

(1) Name _____

(2) I.D. Number ~~X~~ _____

(3) Cover Period - I - / - through L - - - - J -

(4) Page _____ of _____

(5) Date	(7) Full Name (Last, First, Suffix, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9)	(10)	(11)	(12)
		Type	Occupation	Contributor Type	In-kind Description	Amendm	Amount
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SUPERVISOR OF
 ELECTIONS
 JUN 31 11 29 AM '94

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name _____

(2) Phone # _____

(3) Cover Period / / through / / -

(4) Page _____ of _____

(5) Date (6) sequence Number	(7) Full Name (Last, Suffix, First Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought or contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
7 <u>1/3/98</u>	SUPERVISOR OF ELECTIONS	FILING FEE			25 ⁰⁰
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 ELECTIONS
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