

FLORIDA DEPARTMENT OF STATE, **DIVISION** OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY
 (Form Modified for E COUNTY use only.)

(1) Steve Machiz **(2)** 941-482-5388
 Candidate, Committee or Party Name Telephone Number

(3) 3949 Evans Avenue #402 Fort Mvers 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): Lee Memorial Hosuital Board, Dist. #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 / 25 / 98 To 8 / 7 / 98 Report Type _____

Original Amendment Special Election Report Independent Expenditure Rept

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ - 0 -
 Loans \$ - 0 -
 Total Monetary \$ - 0 -
 In-kind \$ - 0 -

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 43.75
 Transfers to Office Account \$ - 0 -
 Total Monetary \$ 43.75

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(8) Other Distributions \$ - 0 -

TOTAL Monetary Contributions to Date \$ 200.00

TOTAL Monetary Expenditures to Date \$ 68.75

(9) 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

Philip C. Bennett
 Name of Treasurer Deputy Treasurer

Steve Machiz
 Name of Candidate Chairman (PC/PTY Only)

K [Signature]
 Signature

X [Signature]
 Signature

CAMPAIGN TREASURER'S REPORT-ITEMIZED CONTRIBUTIONS

(1) Name Steve Machiz

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

(3) Cover Period 25 / 98 through 8 / 7 / 98

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, First, Suffix, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation				
/ /	NONE						
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Steve Machiz

(2) Phone # 482-5388

(3) Cover Period 7 / 25 / 98 through 8 / 7 / 98

(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 candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) sequence Number					
8 / 3 / 98	Lee County Supervisor of Elections 2480 Thompson Street Fort Myers, FL 33901	Sate filing fee	CHK		43.75
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