

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) Bonita Springs Firefighters against Dishonesty (2) (641) 743-6482
 Candidate, Committee or Political Party Name Daytime Telephone Number

(3) 1195 Yarmouth St. Port Charlotte 33952
 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 #**) _____
- Political Committee CHECK IF PC HAS DISBANDED
- Committee of Continuous Existence CHECK IF CCE HAS DISBANDED
- Party Executive Committee CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED
- Electioneering Communication

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

Reporting Period Covered: From 9/16/06 TO 9/29/06 Report Type Code: G2

Original Report Amended Report Special Election Report Independent Expenditure Report

(6) CONTRIBUTION FOR THIS REPORTING PERIOD

Cash and Checks \$ 500 ⁰⁰

Loans by Candidate \$ _____

TOTAL Monetary for Reporting Period \$ 500 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 \$ 864 ⁰⁰

Transfers to Office Account \$ _____

TOTAL Monetary Expenditures for Reporting Period \$ 864 ⁰⁰

(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:

\$ 1500 ⁰⁰

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

(10) TOTAL Monetary Expenditures TO DATE:

\$ 1283 ⁸⁰

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 James A. Sub
 Signature

X James A. Sub
 Signature

THIS FORM MUST BE SIGNED AS REQUIRED

(SEE INSTRUCTIONS FOR SIGNATURE REQUIREMENTS)



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

Modified For Lee County Only (09-2001)

ON COMPLETING ITEMS 1 THROUGH 11

(1) Ca BONITA SPRINGS FIRE FIGHTERS
 AGAINST DISHONESTY

(2) (941) 943-6482
 Daytime Telephone Number

(3) Ad _____
 Ad _____
 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 #) _____

- | | |
|--|---|
| <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 REPORTSWILL BE FILED |

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: a-
 Original Report Amended Report Special Election Report Independent Expenditure Report

(6) CONTRIBUTION FOR THIS REPORTING PERIOD

Cash and Checks \$ 500.00
 Loans by Candidate \$ _____
 TOTAL Monetary for Reporting Period \$ 500.00

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 \$ 864.00
 Transfers to Office Account \$ _____
 TOTAL Monetary Expenditures for Reporting Period \$ 864.00

(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:

\$ 1,500.00
 Combine amount in (9) from last report on this line.

(10) TOTAL Monetary Expenditures TO DATE:

\$ 1,529.24
 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 (ss. 839.13, FS)

(SEE INSTRUCTIONS FOR SIGNATURE REQUIREMENTS)

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)

certify that have examined this report and it is true, correct and complete

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

X James A. Sub
 Signature

X James A. Sub
 Signature

THIS FORM MUST BE SIGNED AS REQUIRED

(SEE INSTRUCTIONS FOR SIGNATURE REQUIREMENTS)