

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

(1) Bonita Springs Firefighters Against Dishonesty (2) (941) 743-6482
 Candidate, Committee or Political Party Name Daytime Telephone Number

(3) 1195 Yarmouth St. Pt. 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 10, 14, 106 TO 11, 2, 106 Report Type Code: G4

Original Report Amended Report Special Election Report Independent Expenditure Report

(6) CONTRIBUTION FOR THIS REPORTING PERIOD

Cash and Checks \$ 1000 00

Loans by Candidate \$ _____

TOTAL Monetary for Reporting Period \$ 1000 00

In-kind Contributions
 (\$ 4257.50)
 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 \$ 384 00

Transfers to Office Account \$ _____

TOTAL Monetary Expenditures for Reporting Period \$ 384 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:
 \$ 3500 00
 Combine amount in (9) from last report on this line.

(10) TOTAL Monetary Expenditures TO DATE:
 \$ 2627 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 (FS 38.04(1)(b)).

(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)

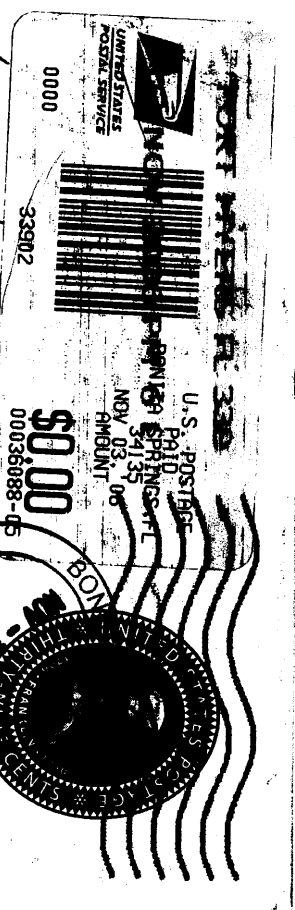
X Jim Sault
 Signature

X Jim Sault
 Signature

THIS FORM MUST BE SIGNED AS REQUIRED
 (SEE INSTRUCTIONS FOR SIGNATURE REQUIREMENTS)

Lamb
1195 Vermont St
Pt. Charlotte, FL 33952

Sharon L. Harrington
Supervisor of Elections
Lee County, P.O. Box 2545
 Ft. Myers, FL 33902-2545



33902+2545 B021 