

**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) Committee of the Islands  
Candidate, Committee or Political Party Name

(2) 239 395-3419 or 395-3493  
Daytime Telephone Number

(3) P.O. Box 88 Sanibel FL 33957  
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

Committee of Continuous Existence

Party Executive Committee

Check if PC has DISBANDED

Check if CCE has DISBANDED

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

Reporting Period Covered: From 7, 24, 04 TO 8, 6, 04 Report Type: F2

Original Report  Amended Report  Special Election Report  Independent Expenditure Report

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

Cash and Checks \$ - 0 -

Loans by Candidate \$ \_\_\_\_\_

TOTAL Monetary for Reporting Period \$ \_\_\_\_\_

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 \$ 115 00

Transfers to Office Account \$ \_\_\_\_\_

TOTAL Monetary Expenditures for Reporting Period \$ 115 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:**

\$ 67,085 03  
Include amount in (9) from last report on this line.

**(10) TOTAL Monetary Expenditures TO DATE:**

\$ 47,652 12  
Include 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)

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

Treasurer or  Deputy Treasurer

X [Signature]  
Signature of Treasurer or Deputy Treasurer

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

Candidate or  Chairman (PC/PTY only)

X [Signature]  
Signature of Candidate or PC/PTY Chairman

COMMITTEE OF THE ISLANDS  
P.O. BOX 88  
SANIBEL, FL 33957

Ms. Bernie R. Feliciano  
Lee County Election Office  
P.O. Box 2545  
Ft. Myers, FL 33902-2545

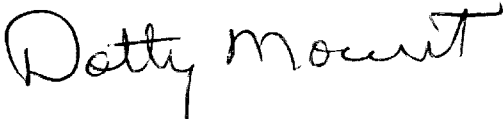
August 11, 2004

Dear Ms Feliciano,

On behalf of the Committee of the Islands, I enclose the "Campaign Treasurer's Report Summary" for the period July 24, 2004 to August 6, 2004 with attached forms for "Itemized Expenditures" and "Itemized Contributions".

If you have any questions please call me at 239-395-3493.

Sincerely,



Dotty Mount  
COTI Administrative Assistant

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2004 AUG 17 P. 10:23  
SOTI DIVISION OF ELECTIONS

**CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS**

(1) Name Committee of the Islands (2) I.D. Number \_\_\_\_\_

(3) Cover Period 7 24 04 through 8 16 04 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type   Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description	Amendment	Amount
/ /							
/ /							
/ /							
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/ /							
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NO CONTRIBUTIONS  
FOR THIS TIME  
PERIOD

SUBMITTED  
2004 AUG 17  
RECEIVED

**CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

(1) Name Committee of the Islands (2) I.D. Number \_\_\_\_\_  
 (3) Cover Period 7,24,04 through 8,16,04 (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 a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
///	(see attached)				
///					
///					
///					
///					
///					
///					


SUPERVISOR  
 SEP 17 10 10 23  
 ok  
 817-241-1111

**CAMPAIGN TREASURER'S REPORT (ITEMIZED EXPENDITURES)**

Committee of the Islands, Inc.

July 24 - August 6, 2004

(5) & (6) DATE & SEQUENCE NUMBER	(7) Entity Receiving Payment: Full Name (Last, Suffix, First, Middle) Street Address City-State-Zip Code	(8) Purpose of Expenditure (incl. bank service fees)	(9) Expenditure Type	(10) Amendment use "ADD or DEL"  see instruct.	(11) Amount
8/6/2004 61	Francess, Shirley 16956-4 McGregor Blvd. Ft. Myers, FL 33908	<p align="center"><u>Page 1 of 1</u></p> July Secretarial #1100	Monetary		115

  
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 AUG 17 11 40 AM '04  
 SUPERVISOR OF CAMPAIGN FINANCE