

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

OFFICE USE ONLY

**AMENDED
REPORT**

(1) Brian Bigelow
Name
(2) P.O. Box 278
Address (number and street)
St Myers Florida 33902
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: 11A

(4) Check appropriate box(es):
 Candidate (office sought): Lee County Commission District 2
 Political Committee
 Committee of Continuous Existence
 Party Executive Committee
 Electioneering Communication
 CHECK IF PC HAS DISBANDED
 CHECK IF CCE HAS DISBANDED
 CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

*06001060M1156 SOE LEE Co F-1

(5) REPORT IDENTIFIERS

Cover Period: From 09 / 01 / 2006 To 09 / 15 / 2006 Report Type G1
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$, , 175 . 00
 Loans \$, , 0 . 00
 Total Monetary \$, , 175 . 00
 In-Kind \$, 2 , 323 . 77

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$, , 213 . 70
 Transfers to Office Account \$, , 0 . 00
 Total Monetary \$, , 213 . 70

(8) Other Distributions
 \$, , 0 . 00

(9) TOTAL Monetary Contributions To Date
 \$, 58 , 576 . 00

(10) TOTAL Monetary Expenditures To Date
 \$, 50 , 804 . 26

(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.

(Type name) Linda Bigelow
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer
X Linda Bigelow
 Signature

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

(Type name) BRIAN BIGELOW
 Candidate Chairperson (only for PC, PT, & electioneering commun. organization)
X [Signature]
 Signature