

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) Richard AKIN (2) 239-641-1422
 Candidate, Committee or Political Party Name Daytime Telephone Number
 (3) 1220 Westfield Dr. Ft. Myers 33911
 Address (Number and Street) City Zip Code

QUARTERLY REPORT

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 #) Lee Memorial Health System, 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

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

Reporting Period Covered: From 6, 22, 06 TO 7, 10, 06 Report Type Code: _____

(6) CONTRIBUTION FOR THIS REPORTING PERIOD

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

In-kind Contributions
 (\$ 0.00)
 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 \$ 350.39
 Transfers to Office Account \$ _____
 TOTAL Monetary Expenditures for Reporting Period \$ 350.39

(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:

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

(10) TOTAL Monetary Expenditures TO DATE:

\$ 350.39
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)

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

(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)

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

[Signature]
 Signature

Richard B. Akin
 Signature

THIS FORM MUST BE SIGNED AS REQUIRED

(SEE INSTRUCTIONS FOR SIGNATURE REQUIREMENTS)

*06 JUN 2006 PM 12:55 STATE HOUSE FL 1

