

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

Modified For Lee County Only (09-2001)

(1) RICHARD AKIN Candidate, Committee or Political Party Name
 (2) 239.481.3599 Daytime Telephone Number
 (3) 1220 Westfield Address (Number and Street) Fort Myers, FL City 33919 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 #) Lee Memorial Hospital Board # 2 OFFICE

Reporting Period Covered: From 09 / 01 / 06 TO 09 / 15 / 06 Report Type Code: 0-0
 Original Report Amended Report Special Election Report Independent Expenditure Report

CONTRIBUTIONS FOR THIS PERIOD	
Cash and Checks	\$ <u>750</u> . <u>—</u>
Loans by Candidate	\$ <u>—</u> . <u>—</u>
TOTAL Monetary for Reporting Period	\$ <u>750</u> . <u>—</u>

In-kind Contributions
 (\$ 0 . —)
 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	\$ <u>0</u> . <u>—</u>
Transfers to Office Account	\$ <u>0</u> . <u>—</u>
TOTAL Monetary Expenditures for Reporting Period	\$ <u>0</u> . <u>—</u>

(8) Other Distributions (DOES NOT APPLY TO CANDIDATES)
 (\$ 0 . —)
 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:
 \$ 3050 . 00
 Combine amount in (9) from last report on this line.

(10) TOTAL Monetary Expenditures TO DATE:
 \$ 2096 . 80
 Combine amount in (10) from last report on this line.

(SEE INSTRUCTIONS FOR SIGNATURE REQUIREMENTS)

I 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)

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

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

X [Signature]
Signature

X [Signature]
Signature

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

