

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

Modified For Lee County Only (09-2001)

SEE REVERSE SIDE FOR INSTRUCTIONS ON COMPLETING ITEMS I THROUGH 11

(1) Richard Arkin (2) 239.481.3599
 Candidate, Committee or Political Party Name Daytime Telephone Number
 (3) 1220 Westfield Dr Fort Myers, FL 33919
 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 #) Lee Memorial Hospital Board # 2

- | | |
|--|--|
| <input type="checkbox"/> Political Committee | <input type="checkbox"/> CHECK IF PC HAS DSSBANDED |
| <input type="checkbox"/> committee of Continuous Existence | <input type="checkbox"/> CHECK IF CCE HAS DISBANDED |
| <input type="checkbox"/> Party Executive Committee | <input type="checkbox"/> CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED |
| <input type="checkbox"/> Electioneering Communication | |

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

Reporting Period Covered: From 09 / 16 / 06 TO 09 / 29 / 06 Report Type Code: 62
 Original Report Amended Report Special Election Report Independent Expenditure Report

*06OCT06AM1119 SDE Lee Co FL

(6) CONTRIBUTION FOR THIS REPORTING PERIOD

Cash and Checks	\$ <u>367</u> . <u>99</u>
Loans by Candidate	\$ <u>0</u> . <u>00</u>
TOTAL Monetary for Reporting Period	\$ <u>367</u> . <u>99</u>

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	\$ <u>0</u> . <u>00</u>
Transfers to Office Account	\$ <u>0</u> . <u>00</u>
TOTAL Monetary Expenditures for Reporting Period	\$ <u>0</u> . <u>00</u>

(8) Other Distributions (DOES NOT APPLY TO CANDIDATES)
 (\$ 0 . 00)
 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:
 \$ 3,417 . 99
 Combine amount in (9) from last report on this line.

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

(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 [Signature]
 Signature

X Richard B. Arkin
 Signature

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

CAMPAIGN TREASURER'S REPORT (ITEMIZED EXPENDITURES)

(1) Richard Akin
Name

(2) 239, 481, 3599
Daytime Telephone Number

(3) Reporting Period Covered: 09, 16, 06 TO 09, 29, 06

(4) Page 1 of _____ (Itemized expenditures)

SEE REVERSE SIDE FOR INSTRUCTIONS ON COMPLETING ITEMS 1 THROUGH 11

(5) & (6) DATE and Sequence Number	(7) Entity Receiving Payment: Full Name (Last, Suffix, First, Middle) Street Address city-state-zipcode	(8) PURPOSE OF EXPENDITURE (Including bank service fees) NOTE: A candidate cannot contribute to another candidate from campaign funds. (PC's, PTY's, CCE'S- add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment use "ADD or DEL" see instructions	(11) AMOUNT
		<i>None</i>			