

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

Modified For Lee County Only (03-2001)
SEE REVERSE SIDE FOR INSTRUCTIONS ON COMPLETING ITEMS 1 THROUGH 11

(1) Richard Akin
Candidate, Committee or Political Party Name
(2) 239.481.3599
Daytime Telephone Number
(3) 1220 Westfield Dr. Fort Myers
Address (Number and Street) City Zip Code
33919

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

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 09/30/06 to 10/13/06 Report Type Code: 0-3
 Original Report Amended Report Special Election Report Independent Expenditure Report

(6) **CONTRIBUTION FOR THIS REPORTING PERIOD**
Cash and Checks \$ 350.00
Loans by Candidate \$ _____
TOTAL Monetary for Reporting Period \$ 350.00
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 \$ 5.00
Transfers to Office Account \$ 0.00
TOTAL Monetary Expenditures for Reporting Period \$ 5.00

(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:**
3,767.99
Combine amount in (6) from last report on this line.

(10) **TOTAL Monetary Expenditures TO DATE:**
2,101.80
Combine amount in (7) from last report on this line.

NO DISBURSEMENTS
It is a first degree misdemeanor for any person to knowingly or recklessly falsify or omit any material information on this report.

(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 Expenditures)

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

x [Signature]
Signature

x Richard B. Akin
Signature

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

