

Late Fine \$ 9.67

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 1 THROUGH 11

(1) THANE R Beecher Candidate, Committee or Political Party Name (2) 432-9427 Daytime Telephone Number (3) 1555 Whiskey Creek Dr Ft. 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:

[X] Candidate (office sought and district or seat #) Hospital Board 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)

F3

Reporting Period Covered: From 8/12/06 TO 8/31/06 Report Type Code:

[X] Original Report [] Amended Report [] Special Election Report [] Independent Expenditure Report

(6) CONTRIBUTION FOR THIS REPORTING PERIOD

Cash and Checks \$ -0- Loans by Candidate \$ -0- TOTAL Monetary for Reporting Period \$ -0-

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 \$ 38.69 Transfers to office account \$ - TOTAL Monetary Expenditures for Reporting Period \$ 38.69

(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:

\$ 450 Combine amount in (9) from last report on this line.

(10) TOTAL Monetary Expenditures TO DATE:

\$ 486.69 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

[X] 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

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

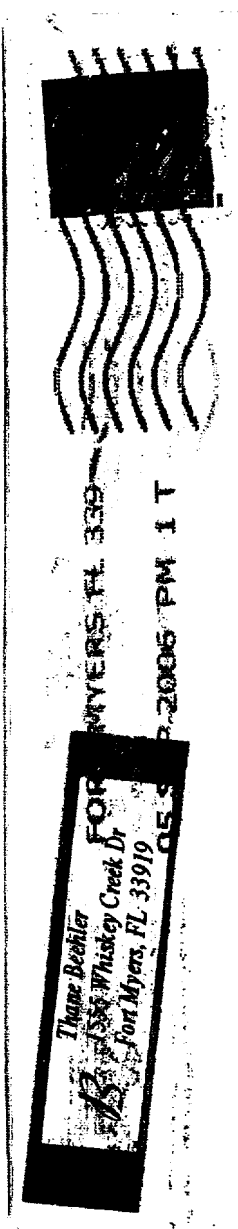
Signature [Handwritten Signature]

Signature [Handwritten Signature]

THIS FORM MUST BE SIGNED AS REQUIRED

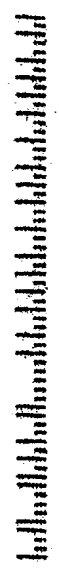
(SEE INSTRUCTIONS FOR SIGNATURE REQUIREMENTS)

DEPT OF STATE DIVISION OF ELECTIONS



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