

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) Thane R Beehler (2) 239-432-9471
 Candidate, Committee or Political Party Name Daytime Telephone Number
 (3) 1555 Whiskey Creek Dr Ft Myers FLA 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 District 2

- | | |
|--|---|
| <input type="checkbox"/> Political Committee | <input type="checkbox"/> CHECK IF PC HAS DISBANDED |
| <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 |
| <input type="checkbox"/> Electioneering Communication | COMMUNICATION REPORTS WILL BE FILED |

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

Reporting Period Covered: From 9 / 1 / 06 TO 9 / 16 / 06 Report Type Code: G1

- Original Report Amended Report Special Election Report Independent Expenditure Report

(6) CONTRIBUTION FOR THIS REPORTING PERIOD

Cash and Checks \$ 100.00
 Loans by Candidate \$ _____
 TOTAL Monetary for Reporting Period \$ 100.00

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 \$ 0.00
 Transfers to Office Account \$ _____
 TOTAL Monetary Expenditures for Reporting Period \$ 0.00

(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:

\$ _____
 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)

Thane R Beehler
 Signature

Thane R Beehler
 Signature

THIS FORM MUST BE SIGNED AS REQUIRED

(SEE INSTRUCTIONS FOR SIGNATURE REQUIREMENTS)

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