*08JUN20M1045SDELeeCoF1

LEE COUNTY V SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

Candidate Name	Jasan Man				
Residence Address	27350 Helmy Blad				
City and Zip Code	Binite Springs 34134				
Mailing Address (if different)	Check if same as above.				
Telephone Number(s) (Daytime)	2-39-931-7/368 OR				
Email Address	Jasonmoon 1@ gradl.com				
Office Sought	LMHS Band of Directors				
Area, District, Group Or Seat Number	Pistrict 3				
Political Party (If Applicable)	N/4				
Date Of Birth Or Voter ID #	11/7/11				
Date	6/15/08				
Candidate Signature	X/l				

All information on this form, including your signature, becomes a public record upon receipt by the Supervisor of Elections.

Candidates who provide an email address <u>may be</u> contacted by this office, via the email address provided by the candidate, for campaign related communications that pertain exclusively to the candidate's campaign.

All other mailings from this office, which pertain to every candidate, will be via United States Postal Service.



	8
STATE OF FLORIDA APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES (Section 106.021(1), F.S.) (PLEASE TYPE)	OFFICE USE ONLY
CHECK APPROPRIATE BOX:	<u></u>
Original Appointment Deputy Treasurer	Reappointment of Treasurer Secondary Depository
Name of Candidate	1. Address (include post office box or street, city, state, zip code) 27350 Hickory Blod Bank Sprays, FL 34134
Telephone (optional) 2. Party (Partisan candidates only 234) 931-7368	y) 3. Office (add district, circuit, group number) LMH5 Bond of Director, Dustral 3
<u> </u>	paign Treasurer Deputy Treasurer
4. Name of Treasurer or Deputy Treasurer 5. Mailing Address (If post office box or drawer add street address)	
7. City 8. County	9. State 10. Zip Code
I have designated the following named bank as my	nary Depository Secondary Depository
11. Name of Bank Edua Nahani Bank	12. Street Address 13000 S-tz Cleudad Are.
13. City H Myers 14. County LEE	15. State 16. Zip Code 74 3390 7
17. Signature of Candidate	7/11/06
Campaign Treasurer's A	cceptance of Appointment
I, Noo (Please Print or Type)	, do hereby accept the appointment as
Campaign Treasurer Deputy Treasurer for the	campaign of
who is seeking nomination or election as a	candidate to the office of
LMHS Bond of Director, Distrit 3. As a duly	(Party) y registered voter in
County, Florida, I am qualified to accept this appointment.	
UNDER PENALTIES OF PERJURY, I DECLARE THAT I I ACCEPTANCE OF APPOINTMENT AN	HAVE READ THE FOREGOING CAMPAIGN TREASURER'S D THAT THE FACTS STATED ARE TRUE.
7/11/26 X	
Date	Signature of Campaign Treasurer or Deputy Treasurer

DS-DE 9 (Rev. 02/06)

SCANNED

AFFIDAVIT OF INTENT LEE COUNTY SPECIAL DISTRICT CANDIDATE

State of Florida County of Lee

ا, عرص الله الله الله الله الله الله الله الل
office of: LMHS Board of Directors District 3 (district name and district #, seat #, or area#)
in the
expense, from personal funds, shall be the \$25 candidate-qualifying-fee or the signature verification fee for candidates who qualify by submitting 25 valid candidate petition signatures.
As long as these are my only campaign expenses, <u>I will not be required to</u> : appoint a campaign treasurer, designate a campaign depository or file periodic campaign treasurer's reports as required by Florida Statutes §99.061 or §106.07 and, therefore, during my campaign, I am prohibited from expending, collecting, soliciting or accepting any money or contribution(s) in-kind, in connection with my campaign.
In the event I later decide to, collect, solicit, or accept any money or contribution(s) in-kind, or make any campaign expense, <u>prior to doing so</u> , I understand that <u>I AM REQUIRED TO FIRST FILE</u> Form DS-DE 9 (Appointment of Campaign Treasurer/Designation of Campaign Depository Form) with the Lee County Supervisor of Elections. My campaign shall then be subject to campaign finance regulations in accordance with Florida Statutes, Chapter 106 and I will be required to file periodic campaign treasurer's reports as required by Florida Statute §106.07 with the Lee County Supervisor of Elections.
x /20/08

FS 106.021(1)(a) "No person shall accept any contribution or make any expenditure with a view to bringing about his or her nomination, election, or retention in public office, or authorize another to accept such contributions or make such expenditure on the person's behalf, unless such person has appointed a campaign treasurer and designated a primary campaign depository."

History 2007 HB537, FS 99.061, FS Chapter 106.021 Revised-3/6/2008 Lee County Special District Forms

Signature of Candidate

SCANNET

108JUN209H1045SDELee CoFI

STATEMENT OF CANDIDATE

(Section 106.023, F.S.) (Please Type) **OFFICE USE ONLY**

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

DS-DE 84 (Rev. 08/03)

STATEMENT OF CANDIDATE

(Section 106.023, F.S.) (Please Type) OFFICE USE ONLY

708JUN20911045SDELee CoF1

I, Jason Man,
candidate for the office of;
have received, read and understand the requirements of Chapter 106,
Florida Statutes.
X Signature of Candidate Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

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	LOYALTY OATH I NON-PARTISAN OF (Sections 876.05-876.10, Florida sections 876.05-876.10, Florid	FFICE Statutes)		OFFICE US	E ONLY
I,	First Name	S Middle Na	ne/Initial	<i>[</i> *\o	Last Name
her	tizen of the State of Florida and of eby solemnly swear or affirm that I rida.				
		OATH OF ((Section 99.021	CANDIDAT Florida Statutes)	ΓE	
I,	Jason Mo	10	LOT HAVE MAY SOT	os Cilavoro ACTO	THE END OF CHALLETING
My und hav with	a candidate for the office of	(office) Hick RI of Florida to hold to be in the state, the	he office to which term of which of	, district) County, the I desire to be office or any parts.	art thereof runs concurrent
X	Ne	(239) 931-7	7368	jasamon legmal
	Signature of Candidate	9	Daytime Telephone	Number	Email Address
	27350 Holon B1	Ind Bourte	Studi	12	34(34
Pers Prod Type	orn to (or affirmed) and subscribe on ally Known: or uced Identification: of Identification Produced:		Signature of Nota	Mbll ry Public – State	aumont
				Notary Publi My Commission Commission	IN BEAUMONT ic - State of Florida on Expires Mar 1, 2009 on # DD 367645 lational Notary Assn.

708JUN200M10455DELee CoFI

LEE MEMORIAL HEALTH SYSTEM BOARD OF DIRECTORS LEE COUNTY TRAUMA SERVICES DISTRICT BOARD OF DIRECTORS

NON-PARTISAN CANDIDATE LOYALTY O

NON-PARTISAN OFFICE

Sections 876.05-876.10, Florida Statutes, 2000 Florida House Bill 1615

STATE OF FLORIDA - LEE COUNTY

PLEASE PRINT

FIRST NAME	MIDDLE NAME/INITIAL	LAST NAME
Jason	S	MOON
I am a citizen of the State of Florida and		
solemnly swear or aπirm that I will	support the Constitution of the United \$	states and of the State of Florida.
0	ATH OF CANDIDATE (Section 99.021 Florida Statutes)	1
		\$
Josep Moon		, am a candidate for the office of
(PLEASE PRINT NAME AS YOU WANT IT TO APPEAR	ON BALLOT - NAME MAY NOT BE CHANGED AFTER	THE END OF QUALIFYING)
Lee Memorial Health System Board of	Directors and the Lee County Trauma	a Services Board of Directors for
District, AND t	nat;	e de des
•	•	
My legal residence is 27350	Hickory Blud Brown Spring	Lee .
County, Florida. I am qualified under desire to be nominated or elected. I h	ave qualified for no other public office	e in the state, the term of which
office or any part thereof runs concur which I am required to resign pursuan		resigned from any office from
AND that;		
1. Jason Moon		
States of America, and being employe		e State of Florida and of the United Health System Board of Directors
and the Lee County Trauma Services employee or officer, do hereby solemi	District Board of Directors, and a reci	pient of public funds as such
States and of the State of Florida, ANI		ne constitution of the officed
I have not violated any of the laws of t	he State of Florida relating to electors	and to registration of electors,
AND that;		•
I am seeking election as a director of t		
Trauma Services District Board of Direct I have taken the oath required by section	ectors from the county health system ion 876.05, Florida Statutes.	district which i reside in, AND that;
X / //	(239) 931- 7365	pasonmen IP amoil. com
Signature of Candidate	Daytime Telephone Number	Email Address
		•
27350 Hickory Blod	Bonota Springs	FL 33/134
Address	City	State Zip Code
Sworn to (or affirmed) and subscribed	before me thisday of	Aure, 2008
	7	

Personally Known

SPECIAL NOTICE TO Lee Memorial Health System Candidates

IF YOU ARE A CANDIDATE FOR THE LEE MEMORIAL HEALTH SYSTEM BOARD OF DIRECTORS You must ALSO complete and submit this form as part of your final candidate-qualifying forms.

SCANNED

10 ANN BEAUMONT

Sonded by National Notary 2009

Commission # DD 367645

Commission # DD 367645

Bonded by National Notary Assn.

This form has been modified for Lee County only 2/26/2

0604 66 LEH 905 W 7973

Type of Identification Produced:

Produced Identification

STATEMENT OF FORM 1 2007 Please print or type your name, mailing FINANCIAL INTERESTS address, agency name, and position below: LAST NAME -- FIRST NAME -- MIDDLE NAME : FOR OFFICE **USE ONLY:** MAILING ADDRESS ID Code 08.1UN209#1045 \$0Filee ID No. NAME OF AGENCY: Conf. Code NAME OF OFFICE OR POSITION HELD OR SOUGHT: P. Req. Code LMUS You are not limited to the space on the lines on this form. Attach additional sheets, if necessary. CHECK ONLY IF (CANDIDATE OR ■ NEW EMPLOYEE OR APPOINTEE Π **BOTH PARTS OF THIS SECTION MUST BE COMPLETED** **DISCLOSURE PERIOD:** THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (check one): **DECEMBER 31, 2007** SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: OR MANNER OF CALCULATING REPORTABLE INTERESTS: THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (SEE instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one): COMPARATIVE (PERCENTAGE) THRESHOLDS <u>OR</u> **DOLLAR VALUE THRESHOLDS** PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person] NAME OF SOURCE SOURCE'S DESCRIPTION OF THE SOURCE'S OF INCOME **ADDRESS** PRINCIPAL BUSINESS ACTIVITY PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person] NAME OF NAME OF MAJOR SOURCES **ADDRESS** PRINCIPAL BUSINESS **BUSINESS ENTITY** OF BUSINESS' INCOME OF SOURCE **ACTIVITY OF SOURCE** PART C -- REAL PROPERTY [Land, buildings owned by the reporting person] FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2, INSTRUCTIONS on who must file this form and how to fill it out begin on page 3. OTHER FORMS you may need to

PART D — INTANGIBLE PERSON TYPE OF INTANGIB	AL PROPERTY (Stock	s, bonds, certifica	tes of deposit, etc BUSINESS EN	.] FITY TO WHICH THE	PROPERTY RELATES
Stocke		Cherous	<u> </u>		
Stacks		MIL-P	ce y Associ	ales	

			<u> </u>		
				,	
PART E — LIABILITIES [Major de NAME OF CREDIT				ADDRESS OF CRE	EDITOR
Morthage		Washow	a Mortan	Corp.	
74			30		
					a.
PART F — INTERESTS IN SPECIFI	ED BUSINESSES [Ov	vnership or positio	ns in certain types	of businesses]	
	BUSINESS ENTI	TY#1	BUSINESS	S ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY					
ADDRESS OF BUSINESS ENTITY					
PRINCIPAL BUSINESS ACTIVITY					
POSITION HELD WITH ENTITY					
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS					
NATURE OF MY OWNERSHIP INTEREST					
IF ANY OF PARTS A	THROUGH F ARE	CONTINUED	ON A SEPAR	ATE SHEET, PL	EASE CHECK HERE
SIGNATURE (required):	NE		9.5	* DATE SIGNED	(required): 68
	FII	ING INS	TRUCTI	ONS	

WHAT TO FILE:

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

Facsimiles will not be accepted.

NOTE:

MULTIPLE FILING UNNECESSARY:

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

I IDIA O II ADAIA

WHERE TO FILE:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Blvd. South, Suite 201, Tallahassee, FL 32312.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

WHEN TO FILE:

initially, each local officer/employee, state officer, and specified state employee must file *within 30 days* of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment, each local-officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.

FLORIDA DEPARTMENT OF STA						
(1) _{JASON MOON} Name	OFFICE SECOND 164					
(2) 27350 HICKORY BLVD, BONITA SPRINGS, FL 3 Address (number and street)	1 1 CPOPT					
City, State, Zip Code						
CHECK IF ADDRESS HAS CHANGED	(3) ID Number:					
(4) Check appropriate box(es): X Candidate (office sought): HEALTH SYSTEM-3 Political Committee CHECK IF PC HAS DISBANDED CHECK IF CCE HAS DISBANDED						
☐ Party Executive Committee ☐ Electioneering Communication	CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED					
(5) REPORT Cover Period: From 10/31/2008 To	IDENTIFIERS 2/2/2009 / Report Type TR-4					
☐ Original ☐ Amendment ☐ Special Election	Report Independent Expenditure Report					
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT					
Cash & Checks \$	Monetary Expenditures \$ 3,574.69					
Loans \$ 0.00	Transfers to Office Account \$ 0.00					
Total Monetary \$ 0.00	Total Monetary \$ 3,574.69					
In-Kind \$						
	(8) Other Distributions \$					
(9) TOTAL Monetary Contributions To Date \$ 47,936.00	(10) TOTAL Monetary Expenditures To Date \$47,713.41_					
(11) CERTIFICATION It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)						
I certify that I have examined this report and it is true, correct, and complete. (Type name)	I certify that I have examined this report and it is true, correct, and complete. (Type name)					
Individual (only for election eering commun.)	Candidate Chairperson (only for PC, PTY & electionsering commun. organization)					
Signature	Signature					

(1) Name	JASON MOON			(2) I.D. Number	·1	.04
	10/31/2008 riod//		2	/2/2009	(4) Page	1	of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
J J							
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<u> </u>							
l l						,	
1 1				·			
1 1							

DS-DE 13 (Rev. 08/03)

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name JAS	SON I	MOON				(2) l	D. Numb	er		104	
		10/31/2	2008	2/2	/2009						
(3) Cover Peri	od _	/	_/	through	11	(4) F	age	1	of _	1	

(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
10/31/2008	Modesto, Leyva 2703 SW 1st Ave Cape Coral, FL 33914	signs	МО		\$128.00
11/5/2008	BJM Consulting, PO Box 101655 Cape Coral, FL 33910	consulting	МО		\$750.00
11/5/2008	Main Sail Video, 8660 College Parkway Ste 240 Ft Myers, FL 33919	media	МО		\$589.50
11/5/2008	Nieves, Nelson 3405 SE 17th Place Cape Coral, FL 33904	signs	МО		\$204.00
1/26/2009	Moon, Jason 13241 Ponderosa Way Ft Myers, FL 33907	repayment of loan	МО		\$500.00
1/27/2009	LMHS Foundation, PO Box 2218 Ft Myers, FL 33902	donation	МО		\$1,000.00
1/27/2009	21st Century C.A.R.E., 12573 New Brittany Blvd Bldg 23 Ft Myers, FL 33907	donation	МО		\$403.19
//					

FLORIDA DEPARTMENT OF ST CAMPAIGN TREASURE	ATE DIVISION OF ELECTIONS R'S REPORT SUMMARY
(1) JASON MOON	OFFICE USE ONLY 104
Name	/
(2) 27350 HICKORY BLVD, BONITA SPRINGS, FL	34134
Address (number and street)	\
City, State, Zip Code	<u> </u>
CHECK IF ADDRESS HAS CHANGED	(3) ID Number:
(4) Check appropriate box(es): X Candidate (office sought): HEALTH SYSTEM- Political Committee	(3) ID Number:
Committee of Continuous Existence	GHECK IF CCE HAS DISBANDED
Party Executive Committee	С
☐ Electioneering Communication	GHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED
(5) REPORT	IDENTIFIERS
Cover Period: From	10/30/2008 / Report Type G4
☑ Original ☐ Amendment ☐ Special Election	n Report
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT
Cash & Checks \$ 11,500.00	Monetary Expenditures \$ 10,241.60
Loans \$0.00	Transfers to Office Account \$ 0.00
Total Monetary \$ 11,500.00	Total
In-Kind \$ 300.00	
	(8) Other Distributions
	Ψ
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date
\$ 47,936.00	\$ 44,138.72
	FIFICATION son to falsify a public record (ss. 839.13, F.S.)
I certify that I have examined this report and it is true,	I certify that I have examined this report and it is true.
correct, and complete.	correct, and complete.
(Type name) Jason Mach	(Type name) Jason Maon
Individual (only for ETreasurer Deputy Treasurer election eering commun.)	Candidate Chairperson (only for PC, PTY & election eeting commun. organization)
X /	X /Z
Signature	Signature

(1) Name					(2) I.D. Number ₁₀₄							
	10/11/2008				10/30/2008							
(3) Cover Per	riod	1	1	through	1	1.	(4) Page	1	of	6		

(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Contributor Type Occupation B real		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12)
10/11/2008	Urolandco II, 507 Del Prado Blvd Cape Coral, FL 33990	В	real estate	СН			\$250.0
10/11/2008	Urolandco, 507 Del Prado Blvd Cape Coral, FL 33990	В	real estate	СН	***************************************		\$250.0
10/11/2008	Castellanos, Evans & Borden, 507 Del Prado Blvd Cape Coral, FL 33990	В	real estate	СН	Agur		\$250.0
10/11/2008	Surgery Center of Southwest FL, 507 Del Prado Blvd Cape Coral, FL 33990	В	real estate	СН			\$250.0
10/11/2008 / /	Main Sail Video Productions, 8660 College Pkwy #240 Ft Myers, FL 33919	В	producer	СН			\$100.0
10/11/2008	Kelly, Jane 5950 Jeffrey Lane Ft Myers, FL 33907	I	engineer	СН			\$300.00
10/11/2008 / / 7	Mehlman, Diana 13700 Brynwood Lane Ft Myers, FL 33912	I	homemaker	СН			\$250.00
10/11/2008	Reisman, Marc 6710 Winkler Rd Ste 1 Ft Myers, FL 33919	I	financial planner	СН			\$100.00

(1) Name	1) Name						(2) I.D. Number						
10/11/2008					10/30	_		_					
(3) Cover Perio	od	1	/	through	/	1	_ (4) Page	2	of				

(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	C Type	(8) ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11)	(12)
.0/13/2008	Lane, Richard 308 Prather Dr Ft Myers, FL 33919	I	physician	СН	Access passes		\$200.0
.0/13/2008 / /	Osterman, John 6323 Cocos Dr Ft Myers, FL 33908	I	physician	СН		-	\$200.0
0/14/2008	Gerson, Donald 399 Keenan Ave Ft Myers, FL 33919	I	physician	СН			\$300.0
.0/17/2008	Palmon, Sally 9431 Monteverdi Way Ft Myers, FL 33912	I	retired	СН		• .	\$250.0
.0/21/2008 / /	Pulmonary Consultants of SW FL, 708 Del Prado Blvd Ste 9 Cape Coral, FL 33990	В	physician practice	СН			\$500.0
.0/17/2008	Anesthesia & Pain Consultants, 3949 Evans Ave Ste 102 Ft Myers, FL 33901	I	physician practice	СН			\$250.0
0/21/2008	Nakfoor, Bruce 340 Colony Dr Naples, FL 34108	T	physician	СН			\$500.0
0/15/2008	Bisbee, Charles 13602 Pine Villa In Ft Myers, FL 33912	I	physician	СН			\$250.0

(1) Name	ame <u>JASON MOON</u>					(2) I.D. Number					
	10/11/2008				10/30						
(3) Cover Per	iod	1	1	through	1	1	(4) Page	3	of	6	

(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	Туре		Contribution Type	In-kind Description	Amendment	Amount
10/15/2008 /	Homolka, Charles 11760 Hampton Greens Dr Ft Myers, FL 33913	I	physician	CH			\$250.0
17							
10/18/2008	Huether, Virginia 10130 Bertram Lane Ft Myers, FL 33919	I	homemaker	CH -			\$250.0
18							
10/18/2008	Lewis, Richard 13966 Bald Cypress Cir Ft Myers, FL 33907	I	engineer	СН			\$100.0
19							
10/21/2008 / /	Nakfoor, Silvina 340 Colony Dr Naples, FL 34108	I	homemaker	СН			\$500.0
20				•			
10/17/2008	Cross, Chaundre 6845 Wellington Dr Ft Myers, FL 34109	I	physician	СН			\$250.0
21							
10/22/2008 / /	Capitol Strategies, Inc., PO Box 1713 215 South Monroe Street	В	pr	СН			\$500.0
22	Tallahassee, FL 32302						
10/23/2008	First Choice Cabinet LLC,	В	cabinetry	CH			\$100.0
23	Cape Coral, FL 33904		:				
10/16/2008 / /	Florida Heart Associates, PL, 1550 Barkley Cir	В	physician practice	CH			\$500.00
24	Ft Myers, FL 33907						

(1) Name					(2) I.D. Number							
	10	/11/20	800		10/3	0/2008				_		
(3) Cover Perio	d	1	#	through	1.	1	(4) Page	4	of	6		
τ. ,						·						

(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
10/16/2008 / /	FHACC Building Partnership LLP, 1550 Barkley Cir Ft Myers, FL 33907	В	real estate	СН			\$500.00
10/16/2008	FHACC Building Partnership LLP, 1550 Barkley Cir Ft Myers, FL 33907	В	real estate	СН			\$500.00
10/22/2008 / / 27	Levine, Molly 4105 West Riverside Dr Ft Myers, FL 33901	I	homemaker	СН			\$500.00
10/23/2008	Blitzer, Eleanor 1248 Shadow Lane Ft Myers, FL 33901	I	physician	СН			\$500.00
10/23/2008 / /	Raymond, Michael 14009 Image Lake Court Ft Myers, FL 33907	I	physician	CH			\$500.0
10/13/2008 / /	Faunce, Wesley 9521 Via Lago Way Ft Myers, FL 33912	I	retired	СН			\$200.00
10/23/2008	Gaw, Janette 13993 Avon Park Cir Ft Myers, FL 33912	I	physician	СН			\$200.00
10/23/2008	Peterson, Mary Kay 15401 Sweetwater Ct Ft Myers, FL 33912	I	physician	СН			\$250.00

(1) Name		(2) I.D. Number							
(3) Cover Period	10/11/2	2008 #	through	10/30, /	/2008 /	(4) Page	5	of	6

(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	C Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
10/19/2008	Hunt-Watters LLC, 2660 Wyndsor Oaks Way Winter Haven, FL 33884	В	consulting				\$500.0
33							
10/24/2008	Cummings, Gail 11574 Timberline Cir Ft Myers, FL 33966	I	administr ator	CH			\$100.0
34							
10/23/2008	Watson, David 7385 Stonegate Dr Naples, FL 34109	I	evp	СН			\$100.0
35							
10/27/2008	Davis, RIchard 15770 Queensferry Dr Ft Myers, FL 33912	I	physician	СН			\$100.0
36							
10/24/2008	Pakrosnis, Jeffrey 14035 Image Lake Ct Ft Myers, FL 33907	I	finance	СН			\$150.0
37			:				
10/11/2008	Price, Gary 9722 Commerce Center Ct Ft Myers, FL 33908	I	physician	СН			\$200.0
38							
10/13/2008	Blitz, Barry 1260 Shadow Lane Ft Myers, FL 33901	Ī	physician	СН			\$500.0
39	!			į			
10/23/2008	Hannan, Stephen 13150 Ponderosa Way Ft Myers, FL 33907	I	physician	CA			\$50.00
40							

(1) Name	JASON MOON										
	10/11/2008			0/30/2008							
(3) Cover Peri	od////	thr			(4) Pag	je ⁶	of _6				
(5)	(7)		(8)	(9)	(10)	(11)	(12)				
Date	Full Name]~]						
(6)	(Last, Suffix, First, Middle)										
Sequence	Street Address &		ontributor	Contribution	In-kind						
Number	City, State, Zip Code Miller, Deborah	Туре	Occupation physician	Type IK	Description food	Amendment	Amount \$300.00				
10/23/2008	12731 Terabella Way	I	physician	IK	1000		\$300.00				
1 1	Ft Myers, FL 33912										
41											
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name JAS			(2) I.D. Number	104
	10/11/2008	10/30/2008	- •	
(3) Cover Perio	od <u>/</u> /	through//	(4) Page 1	of1

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
10/28/2008	Crompton Creative Advertising, 1342 Woodmere Lane Ft Myers, FL 33919	media buy	МО		\$8,822.21
10/20/2008	Artype, Inc, 3530 Work Drive Ft Myers, FL 33916	mailer	МО		\$1,269.39
10/24/2008	Modesto, Leyva 2703 SW 1st Ave Cape Coral, FL 33914	signs	МО		\$75.00
10/24/2008	Puval Aguilera, Basilio 2703 SW 1st Ave Cape Coral, FL 33914	signs	МО		\$75.00
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FLORIDA DEPARTMENT OF STA	R'S REPORT SUMMARY
(1) JASON MOON Name (2) 27350 HICKORY BLVD, BONITA SPRINGS, FL 3	OFFICE USE ONLY 104
Address (number and street)	
Cify, State, Zip Code	
CHECK IF ADDRESS HAS CHANGED	(3) ID Number:
(4) Check appropriate box(es): X Candidate (office sought): HEALTH SYSTEM- Political Committee Committee of Continuous Existence Party Executive Committee Electioneering Communication	GHECK IF PC HAS DISBANDED CHECK IF CCE HAS DISBANDED CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED
9/27/2008 ~	DENTIFIERS 10/10/2008
Cover Period: From / / / / To	/ / Report Type ^{G3}
☑ Original ☐ Amendment ☐ Special Election	Report Independent Expenditure Report
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT
Cash & Checks \$ 2,186.00	Monetary Expenditures \$ 20,720.00
Loans \$ 0.00	Transfers to Office Account \$ 0.00
Total Monetary \$ 2,186.00	Total Monetary \$ 20,720.00
In-Kind \$ 0.00	
	(8) Other Distributions \$ 0.00
(9) TOTAL Monetary Contributions To Date \$	(10) TOTAL Monetary Expenditures To Date \$
(11) CERT	
It is a first degree misdemeanor for any pers I certify that I have examined this report and it is true, correct, and complete. (Type name)	I certify that I have examined this report and it is true, correct, and complete. (Type name)
Individual (only for election eering commun.)	Candidate Chairperson (only for PC, PTY & electioneering commun. organization)
Signature	Signature

(1) Name	JASON MOON				2) I.D. Numbe	r1	04
	9/27/2008		1	0/10/2008			
(3) Cover Per	iod //	thre	iugh	tt_	(4) Page	1	of
(5) Date	(7) Full Name		(8)	· (9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
10/1/2008	Ustica, John 5381 Fairfield Way Ft Myers, FL 33919	Ī	accountant	СН			\$200.00
1					,		
10/1/2008	Seidenstein, Lawrence 1225 Caloosa Dr Ft Myers, FL 33901	Ι -	physician	СН			-\$200.00
2	rc myers, rb 33901						
10/1/2008	Retina Consultants	l [physician	СН		<u> </u>	\$100.00
3	Ft Myers, FL 33912						
9/29/2008	Carron, Michael 4731 Bonita Bay Blvd # 401 Bonita Springs, FL 34134	I .	physician	СН			\$100.00
<u>*</u>	Agin, Solomon	Ī	retired	СН			\$50.00
10/1/2008 / / 5	19400 Cromwell Ct #108 Pt Myers, FL 33912	, -	recited	Cn			\$30.00
9/30/2008 / /	Olitsky, Richard 3176 River Grove Circle Ft Myers, FL 33905	I	lentist	СН			\$100.00
6			n a carriera				
10/1/2008	Lozano, Susan 1792 Whitecap Cir North Ft Myers, FL 33903	I	retired	СН			\$16.00
7							
10/1/2008	Green, Elaine 16966 Colony Lakes Blvd Ft Myers, FL 33908	I i	retired	СН			\$20.00

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(T) Name	JASON MOON				2) I.D. Numbe	r [*]	<u>_</u>
(3) Cover Per	9/27/2008 iod///	through		0/10/2008 ///	(4) Page	e	of 2
(5) Date	(7) Full Name	(8))	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Contril	cupation	Contribution Type	In-kind Description	Amendment	Amount
10/2/2008 / /	Feicthaler, Mary 3200 Surfside Blvd Cape Coral, FL 33914	I acc	ountant	CH			\$100.00
9	Laboda, Gerald	I pra	1	СН			\$100.00
10/5/2008 / / 10	9904 Bellagio Ct Ft Myers, FL 33913	1	geon	CH	-		\$100.00
10/6/2008	D'Andrea, Robert 15464 Fiddlesticks Blvd Ft Myers, FL 33912	I rea	l ate	СН			\$100.00
10/6/2008	Hutchinson, Dennis	I ret	ired	СН		:	\$200.00
12	1351 Melaleuca Lane Ft Myers, FL 33901		•				
10/6/2008	Pascotto, Robert 6910 Old Whiskey Creek Dr Ft Myers, FL 33919	I phy	sician	СН			\$100.00
9/30/2008 / /	Frog Dog Inc, PO Box 46 Tallahassee, FL 32302	I con	sultant	СН		****	\$500.00
14					:		
10/6/2008 / /	Harrison, Gene 5001 Joewood Dr Sanibel, FL 33957	I hom	emaker	СН			\$100.00
10/6/2008	Zellner, Stephen 15476 Fiddlesticks Blvd Ft Myers, FL 33912	I phy	sician	СН			\$200.00

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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name	ASON	MOON					 (2) I.D. Num	ber	1	L04	<u> </u>
		9/27/2	800		10/10/2	2008	 	,			
(3) Cover Pe	eriod _	1		through_	F		 (4) Page	1	of	1	

	(7)	(8)	(9)	(10)	(11)
(5) Date (6)	Full Name (Last, Suffix, First, Middle)	Purpose (add office sought if		(10)	
Sequence Number	Street Address & City, State, Zip Gode	contribution to a candidate)	Expenditure Type	Amendment	Amount
10/3/2008	Leyva, Modesto 2703 SW 1st Ave Cape Coral, FL 33914	signs	МО		\$80.00
10/3/2008	Aguilera, Basilio Puval 2703 SW 1st Ave Cape Coral, FL 33914	signs	МО		\$80.00
10/7/2008	Crompton Creative Advertising, 1342 Woodmere Lane Ft Myers, FL 33919	cable buy	МО		\$20,560.00
_//					
11					
_//					
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FLORIDA DEPART CAMPAIGN T	MENT OF STATE DIVISION OF ELECTIONS REASURERYS REPORT SUMMARY
(1) JASON MOON	OFFIGE USE ONLY 104
Name (2) 27350 HICKORY BLVD, BONITA SI Address (number and street)	
City, State, Zip Code	<u> </u>
CHECK IF ADDRESS HAS CHAN	**************************************
(4) Check appropriate box(es): ☑ Candidate (office sought): HEA ☐ Political Committee	LTH SYSTEM-3 GHECK IF FC HAS DISBANDED
☐ Committee of Continuous Existe ☐ Party Executive Committee ☐ Electioneering Communication	TOHECK IF COE HAS DISBANDED CHECK IF NO COMER ELECTION EERING COMMUNICATION REPORTS WILL BE FILED
Sover Period: From 9/13/200	(6) REPORT IDENTIRIERS 8 9/26/2008 To / Report Type G2
X Original Amendment S	pecial Election Report Independent Expenditure Report
(6) CONTRIBUTIONS THIS REPORT	[7] EXPENDITURES THIS REPORT Monatary Expenditures \$ 4,899.40
oans \$ 0.	Light State of the
Total Monetary \$ 13,450.	00 Total
n-Kind \$ 500.	Menetary 5 4,899.40
Annual entering the second	(8) Other Distributions 0.00
(9) TOTAL Monetary Contributions T	*
it is a first degree misdemean	(11) GERTIFICATION or for any person to falsify a public record (45, 839.13, F.S.)
certify that I have examined this report a correct, and complete. Jacon	Moon I perfuly that I have examined this report and it is true. Someti, and complete. Jason Moon
(Type paine) [Individual forly for [2] Treasurer [2]	Pourly Treasurer Candidate Chairperson (only for PC, PTV &
eteralions string commun.)	Stationaring contents arguments of
Signature	Signature

(1) Name	JASON MOON				(2) I.D. Numbe	er	.04
9/13/2008		9/26/2008		/26/2008			
(3) Cover Per	iod//	_ tor	angh	11_	(4) Pag	e 1	of 7
(5) Date	(7) Full Name		(8)	(9)	(10)	(JJ)	(12)
(6) Seguence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Ç Type	Operpation	Co ntribution Type	in-kind Description	Ameniament	Amount
9/16/2008 /	Weil, Carlos 7250 Heaven Lane Ft Myers, FL 33908	Ī	investor	СН			\$200.00
1							
9/16/2008 # 1 2	Krishnan, Ramiah 2002 Del Prado Blvd. Suite 104 Cape Coral, FL 33990	Ī	physician	СН			\$150.00
9/16/2008 / /	Brueck, Robert 3700 Central Ave Suite 1	Ī	physician	ĊН	de la companya del companya de la companya del companya de la comp		\$200.00
3	Ft Hyers, FL 33901						
9/16/2008 # 1	Blitzer, Peter 1248 Shadow Lane Ft Myers, FL 33901	I	physician	CH			\$100.00
9/16/2008 / /	Woods, Andrew 6500 Abbey View Way Towson, MD 21212	I	attorney	СН			\$500.00
5							
9/22/2008 /	Roepstorff, Robbie 1287 Isabel Dr Sanibel Island, FL 33957	I	banker	СН			\$250.00
6			<br< td=""><td></td><td></td><td>: :</td><td></td></br<>			: :	
9/20/2008 / i	Gutstein, David 15621 New Hampshire Ct Ft Myers, FL 33908	1	physician	СН			\$500.00
9/20/2008 / 1	Krivisky, Brian 15361 River by Rd Ft Myers, FL 33908	Ī	physician	СН			\$500.00

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(1) Name	JASON MOON	(2) I.D. Number							
	9/13/2008 od//		9	/26/2008 {l	(4) Pag	je ²	of <u>7</u>		
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(co	(12)		
Seguence Number	Sheet Address & City, State, Zip Gode	Type	ontributor Occupation	Contribution Type	in-kind Description	Amendment	Amount		
9/17/2008	Harrison, Steven 13 Falconwood Court Ft Myers, FL 33919		physician	СН	THE STATE OF THE S		\$500.00		
9									
9/20/2008	Wolper, Loren 13201 Ponderosa Way Ft Myers, FL 33907	Î	homemaker	СН	macije si z modilineos	- (4(<u>6)</u>	• \$500.00		
10									
9/20/2008	West, Steven 15636 Fiddlesticks Blvd Ft Myers, FL 33912	Ī	physician	СН	arton kilonga artika kentaran pengga		\$500.00		
11					e e e e e e e e e e e e e e e e e e e				
9/20/2008 # 1	Weisberg, Tia 12497 Honeysuckle Rd Ft Myers, FL 33912	I	homemaker	СН	e e e e e e e e e e e e e e e e e e e		\$500.00		
12							10 M		
9/20/2008	McAlpine, Donald 791 Cal Cove Dr Ft Myers, FL 33919	I	physician	СН		-	\$500.00		
13	-								
9/20/2008 / /	Bobman, Stuart 813 Cape View Dr Pt Myers, FL 33919	I	physician	СН			\$500.00		
14	1								
9/20/2008 # #	Byrd, Richard 8632 Lakefront Ct Ft Myers, FL 33908	Ī	contractor	СН			\$500.00		
15 -			:			TOTAL PARTY AND THE PARTY AND	neidenständige after et er er		
9/20/2008 f 1	Correnti, Gary 11351 Compass Point Dr Pt Myers, FL 33908	I	physician	CH			\$500.00		
16							1.00 to 1.00 t		

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(1) Name	JASON MOON							
9/13/2008				/26/2008		2	-	
(3) Cover Pe	fiód/	ton	digh	11	(4) Pag	e	of 7	
(5) Date (6)	Full Name (Last, Suiffx, First, Middle)		(8)	(9)	(10)	(FI)	(12)	
Seguence Number	Street Address & City, State, Zip Code	Type	ontributor Occupation	Contribution Type	in-land Description	Amentiment	Amount	
9/20/2008	Smith, Eugene 13772 Pine Villa Lane Ft Mers, FL 33912		attorney	CH			\$500.00	
17								
9/20/2008 # 1	Isaacson, Wayne 12898 Kedleston Cir Ft Myers, FL 33912	ī -	physician	СН			\$500.00	
18								
9/20/2008	Isaacson, Rachelle 12898 Kedleston Cir Pt Myers, FL 33912	I	homemaker	СН			\$500.00	
19								
9/20/2008 # #	Spada Day Spa, 9030 Paseo de Valencia Et Myers, FL 33908	В	spa	СН			\$300.0	
20								
9/20/2008 4 4	Naples Asset Managment Co LLC, 23150 Fashion Dr Ste 231	В	brokerage	СН			\$250.00	
21	Estero, FL 33928			:				
9/22/2008 / /	Rosellini, Louis 11084 Sierra Palm Ct Ft Myers, FL 33966	İ	business owner	СН		MAS	\$250.00	
22								
9/20/2008 / 1	Brueck, Mary Win 25 Falconwood Ct Ft Myers, FL 33919	I	homemaker	СН			\$250.00	
23				· · · · · · · · · · · · · · · · · · ·				
9/20/2008 / 1	Porter, Marvin 790 Cape View Dr Ft Myers, FL 33919	I	physician	СН			\$200.00	
24								
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(1) Name _	JASON MOON	(2) I.D. Number							
	9/13/2008 riod//		9	/26/2008 11	(4) Pa	je <u>4</u>	of <u>7</u>		
(6) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & Gity, State, Zip Code	Туре	(8) phtributhr Occupation	(P) Contribution Type	(10) In-kind Description	(17) American	(12) Amount		
9/20/2008 if t	Crompton Creative Advertising, 1342 Woodmere Lane Ft Myers, FL 33919	В	ad agency	СН		The state of the s	\$250.00		
9/20/2008 # 1	Hornung, Michael 15611 New Hampshire Ct Ft Myers, FL 33908	I	attorney	СН			\$200.00		
9/20/2008 1 1	First Choice Cabinet, 5221 York Ct Cape Coral, FL 33904	В	cabinetry	CH		The state of the s	\$200.00		
9/18/2008 # 1 28	Advanced Home Theater USA, 311 Lake View Dr Ft Myers, FL 33917	В	audio	СН			\$100.00		
9/18/2008 / /	Mark Alexander Commercial Real, 6360-2 Presidential Ct Ft Myers, FL 33919	ļ	real estate	CH			\$200.00		
9/20/2008 / / /	The Wolter Group, 16680 McGregor Blvd Ft Myers, FL 33908	В	consulting	CH	egen na antara anta antara da de la caractera da de la caractera da de la caractera da de la caractera da de l		\$200.00		
9/20/2008 # # #	Zucker, Ira 13662 Pine Villa Lane Ft Myers, FL 33912	Ţ	physician	СН			\$200.00		
9/20/2008 1 1	Liebowitz, Fred 11330 Bent Pine Dr Ft Myers, FL 33913	I	physician	СН			\$200.00		

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(1) NameJA	SON MOON				(2)	I.D. Number			
	9/13/2008			9/26/2008			-	7	
(3) Cover Period	· · · · · · · · · · · · · · · · · · ·	<i>*</i>	through			(4) Page		of	

(5) Date (6) Seguence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	(8) Contributor		(9) Søntriburjon	(10) In-king	(1:1)	(1.2)
9/20/2008 /	City, State, Zip Code Tolep, Ken 12879 Kedleston Cir Ft Myers, FL 33912	Type I	Occupation physician	Туре Сн	Description	Amendment	Amount \$200.0
9/20/2008	Fleishman, Lisa 1323 Chalon In Ft Myers, FL 33919	I	homemaker	СН	de d ibinario de la composition della compositi		\$100.0
9/20/2008 / /	Jones, Robert 14218 Reflection Lakes Dr Ft Myers, FL 33907	Ī	physician	СН			\$100.0
9/20/2008	Kushner, Harold 13261 Fonderosa Way Ft Myers, FL 33907	Ī	physician	СН			\$200.0
9/17/2008	Wentworth, Dorenda 12787 Kedleston Cir Ft Myers, FL 33912	I	real estate	СН			\$100.0
9/20/2008 <i>f</i> 7	Knific, Randolph 13400 Ponderosa Way Ft Myers, FL 33907	T	physician	СН	ere mandet de années notes en en en années en en en en en en en en en en en en en		\$150.6
9/20/2008 f i	Belcastro, Vincent 1903 SE 32nd Terrace Cape Coral, FL 33904	Ī	physician	СН			\$200.0
9/20/2008 / / 40	Macchiaroli, Mary 2503 SE 22nd Place Cape Coral, FL 33904	I	homemaker	СН			\$100.0

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(1) Name	JASON MOON	100N (2) I.D. Number							
•	9/13/2008		9,	,	-				
(3) Cover Peri	od//	_ tbr	sugh	11	(4) Pag	e 6	of 7		
(6) Date	(7) Full Name	 	(8)	(9)	(10)	(77)	(1.29)		
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & Gity, State, Zip Code	C Type		Contribution Type	In-kind Description	Amenidment	Amount		
9/20/2008	Walter, Laurie 23180 Oak Glen Lane Bonita Springs, FL 34135	Ī	homemaker	CH			\$100.00		
41				<u>.</u>					
9/20/2008 # 1	Hobbs, Larry 12717 Brewster Dr Ft Myers, FL 33908	I	physician	СН			\$100.0		
42				:					
9/20/2008	The Art House, 1803 Hough St Ft Myers, FL 33901	В	studio	Сн			\$50.0		
43									
9/20/2008 # ¥	Tyson and Billy Architects, 4000 Morsay Dr Rockford, il 61107	В	architect	СН			\$50.0		
44									
9/20/2008 1 1	Wheeler, Donna 18677 Telegraph Creek Lane Alva, FL 33920	Ī	homemaker	СН			\$50.0		
45						CONTRACTOR OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE			
9/20/2008 <i>f f</i>	Blaze, Nancy 15405 Briar Ridge Circle Ft Myers, FL 33912	I	homemaker	СН			\$50.0		
9/18/2008	Maniscalco, Kelly	I	homemaker	Сн	 		\$50.0		
47	Ft Myers, FL 33908					and the second of			
					·				
9/20/2008	Myers, Olivia 3728 SW 12th Place Cape Coral, FL 33914	1	homemaker	CH			\$50.0		
48									
DS-DE 13 (Rev. 0	3/03)	SEER	EVERSE FOR	NSTRUCTIONS	AND CODE VA	LUES	*		

(1) Name	JASON MOON	(2) I.D. Number								
	9/13/2008		9/26/2008							
(3) Cover Per	iod///	_ thr	augh	11_	(4) Pag	e	of 7			
(5) Date	(7) Full Name		(8)	(9)	(10)	(TT)	(12)			
(6) Sequênçe	(Last, Suffix, First, Middle) Speet Address &	1	phtributor	Contribution	lin-kinid	Amendment				
Number 9/20/2008 1 1	Gny State, Zip Code Hart, Carolyn 20036 Markward Crossing Estero, FL 33928	Type:	Occupation homemaker	Type CH	Description	- Antique -	Amount \$50.00			
9/20/2008	Alderman, Elizabet	İI	administr ator	СН			\$50.00			
9/20/2008 / /	Fusco, Chris 1531 NW 42nd Ave Cape Coral, FL 33933	Ī	bus dev	CH			\$50.00			
9/20/2008 # 1	Chavis, Vicki 8260 Arborfield Ct Ft Myers, FL 33912	Ī	homemaker	CH			\$50.00			
9/23/2008 4 1	Sherman, Betty Ann 15597 Fiddlesticks Blvd Ft Myers, FL 33912	I .	homemaker	CH	Transfer to the state of the st		\$100.00			
9/24/2008 / /	Drake, Drew 7370 College Parkway # 306 Ft Myers, FL 33907		real estate	CH		eriter met in volumente en en	\$500.00			
9/25/2008 f 1	Lewis, Richard 5450 Harbour Castle Dr Ft Myers, FL 33907	1	engineer	СН		: :	\$300.00			
9/20/2008 f l	Reynoldson, Muni 13281 Ponderosa Way Ft Myers, FL 33907	Ι	designer	iĸ	food	:	\$500.00			
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DS-DE 13 (Rev. 08/03)

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES (1) Name JASON MOON 104 (2) I.D. Number____ 9/26/2008 9/13/2008 1 1 (4) Page 1 of 1 (3) Cover Period (11) [8] (9) (10) (7) (5) Date Full Name **Purpose** (Last, Suffix, First, Middle) Street Address & (add office sought if (6) contribution to a Expenditure Sequence Туре candidate) City, State, Zip Code Amendment Amount Number production 9/22/2008 Main Sail Video MO \$3,057.00 Productions, 8660 College Parkway Suite 240 Ft Myers, FL 33919 1 BJM Consulting, 9/24/2008 consulting \$450.00 PO Box 101655 Cape Coral, FL 33910 2 Artype Inc, 3530 Work Drive Ft Myers, FL 33916 9/25/2008 magnets MO \$784.40 9/19/2008 Leyva, Modesto signs MO \$520.00 2703 SW 1st Ave Cape Coral, FL 33914 Puval Aguilera, Basilio 2702 SW 1st Ave Cape Coral, FL 33914 9/19/2008 signs MO \$88.00 5

FLORIDA DEPARTMENT OF ST CAMPAIGN TREASURE	ATE DIVISION OF ELECTIONS R'S REPORT SUMMARY
(1) JASON MOON	OFFICE USE ONLY 104
Name	
(2) 27350 HICKORY BLVD, BONITA SPRINGS, FL	34134
Address (number and street)	
City, State, Zip Code	
CHECK IF ADDRESS HAS CHANGED	(3) ID Number:
(4) Check appropriate box(es):	Signal of the second of the se
X Candidate (office sought): HEALTH SYSTEM-	3
☐ Political Committee ☐ Committee of Continuous Existence	☐ CHECK IF PC HAS DISBANDED 를
Party Executive Committee	O CUECK IL COE UNO DIORNIDED P
☐ Electioneering Communication	GHECK IF PC HAS DISBANDED CHECK IF CCE HAS DISBANDED CHECK IF CCE HAS DISBANDED CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED
8/22/2008	9/12/2008
Cover Period: From // / To	Report Type G1
☑ Original ☐ Amendment ☐ Special Election	Report Independent Expenditure Report
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT
Cash & Checks \$ 8,400.00	Monetary Expenditures \$ 6,770.95
Loans \$ 0.00	Transfers to Office Account \$ 0.00
Total Monetary \$ 8,400.00	Total
In-Kind \$ 200.00	Monetary \$ 6,770.95
	(8) Other Distributions
	\$
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date
\$20,800_00	\$8,277.72_
(11) CERT	IFICATION
	on to falsify a public record (ss. 839.13, F.S.)
I certify that I have examined this report and it is true, correct, and complete.	I certify that I have examined this report and it is true, correct, and complete.
(Type name) Jesen Moon	(Type name) Sesen Moon
Individual (only for electioneering commun.)	Candidate Chairperson (only for PC, PTY & electioneering commun. organization)
X	X
Signature	Signature

(1) Name JASON MOON	(2) I.D. Number	
8/22/2008 9/12/20	008	
(3) Cover Period / through /	$/$ (4) Page $\frac{1}{}$ of $\frac{4}{}$	

(5) Date (6)	(7) Füll Name (Last, Suffix, First, Middle)	. (8)		(9)	(10)	(1:1)	(12)
Sequence Number	Street Address & City, State, Zip Code	Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
8/27/2008 <i>I</i> I	Orthopedic Associates of SWF, 13691 Metropolitan Pkwy Suite 400 Ft Myers, FL 33912	В	physician group	СН			\$500.00
8/28/2008 // /	Butler, Florencia 13740 Magnolia Lake Court Ft Myers, FL 33907	I	nutrionist	СН			\$200.00
9/5/2008	Nieves, Nelson 3405 SE 17th Pl Cape Coral, FL 33904	I	construct ion	СН			\$500.00
9/5/2008 1 1	Busby, Robert 2515 sw 25th St Cape Coral, FL 33914	Î	construct ion	СН			\$50.00
9/5/2008 ///	Creighton Construction, 6225 Presidential Court Suite G Ft Myers, FL 33919	В	developer	СН			\$200.00
9/5/2008 / /	Martin Law Firm, 3701 Del Prado Blvd Cape Coral, FL 33904	В	law firm	СН			\$500.00
9/5/2008	Barraco and Associates, PO Drawer 2800 Ft Myers, FL 33902	В	engineer	СН			\$100.00
9/5/2008	Harrington, Michael PO Box 9591 Coral Springs, FL 33075	I	sales rep	СН			\$100.00

(1) Name	JASON MOON			C	2) I.D. Numbe	er	
3-2	8/22/2008		9	/12/2008	•		
(3) Cover Pe	eriod//	th			(4) Pag	e	of _4
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	Туре	Contributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
9/5/2008	Urzola, Carlos 9801 Gladiolus Bulb Loop Ft Myers, FL 33908	I	architect	СН	Буданрам і		\$50.00
9					•		
9/5/2008	Kluch, Carla 628 SE 35th St Cape Coral, FL 33904	I	homemaker	СН			\$100.00
10							
9/5/2008	Klingenberg, Marti 1455 Blue Point Avenue Naples, FL 34102	nI	attorney	СН			\$100.00
11							
9/4/2008	MK Construction, 5260 Duncan Rd Unit 6 Punta Gorda, FL 33982	В	construct ion	СН			\$200.00
12				ļ			
9/5/2008	Mazurkiewicz, Joseph 2061 Cape Heather Circle	Ī	consultant	CH			\$100.00
13	Cape Coral, FL 33991						
8/28/2008 / /	Andisco, Ricardo 6916 Erin Marie Ct Ft Myers, FL 33919	I	architect	СН			\$300.00
14							
8/28/2008	Myslicki, Hector 9660 Falconer Way	I	business developme	CH			\$250.00

nt

construct ion

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16

8/27/2008

Estero, FL 33928

Bldg 23

Forum Development

Inc, 12573 New Brittany Blvd

Ft Myers, FL 33907

\$500.00

(1) Name	OON			(2) I.D. Number								
	8/	22/20	08		9/12/	2008						
(3) Cover Perio	bd	1	1	through	1	1	(4) Page	3	of	4		

(5) Date (6) Seguence	(7) Full Name (Last, Suffix, First, Middle) Street Address &		(8) Contributor	(9) Contribution	(10) In-kind	(11)	(12)
Number	City, State, Zip Code	Туре		Туре	Description	Amendment	Amount
8/25/2008 / /	Mendez, Ena 5940 Golden Bear Ct Ft Myers, FL 33912	I	social worker	СН		3	\$100.0
17	Brown, Alan	ī	physician	СН			\$500.0
8/27/2008 / / 18	12522 Grandezza Cir Estero, FL 33928						•
8/22/2008 / /	Mant2, Constantine 1676 Morning Glory Court Ft Myers, FL 33901	I	physician	СН	·		\$250.0
8/31/2008 / /	Scullion & Co, 8191 College Pkwy #302	В	cpa's	СН			\$500.0
8/29/2008 	Kagan, John 6981 Lake Devonwood Drive Ft Myers, FL 33908	I	physician	СН			\$500.0
21							
8/29/2008 / /	Kagan, Elizabeth 6981 Lake Devonwood Dr Ft Myers, FL 33908	I	administr ator	CH			\$500.0
22							
8/28/2008 / /	Daller, Meir 14133 Bentley Cir Ft Myers, FL 33912	I	physician	СН			\$500.0
23							·,
8/28/2008 //	Aihara, Rie 14133 Bentley Cir Ft Myers, FL 33912	I	physician	CH			\$500.0
24				ĺ			

DS-DE 13 (Rev. 08/03)

(1) Name	JASON MOON				(2) I.D. Numbe	r	
	8/22/2008		9	/12/2008			
(3) Cover Peri	iod / /*	thre			(4) Page	e <u>4</u>	of _4
(5) Date	(7) Full Name		(8)	(9)	(10)	(1,1)	(12)
(6) Seguence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Туре	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
9/12/2008	Davis, Richard 6448 Griffin Blvd Ft Myers, FL 33908	I	physician	СН			\$100.00
25							
9/8/2008 / /	Schumann, Michele 151 9th Street Providence, RI 02906		administr ator	CH			\$200.00
26				,	į		
9/11/2008	Harwin, William 14270 Royal Harbour Ct Unit 1021	Ī	physician	CH			\$500.00
27	Ft Myers, FL 33908		;				
8/27/2008 / /	Rubenstein, Paul 2030 NE 29th Ct Ft Lauderdale, FL 33306		administr ator	СН			\$500.00
28							
9/5/2008 / /	Nieves, Denise 3405 SE 17th Pl Cape Coral, FL 33904	I	hygienist	IK	food		\$200.00
29							
1 1							
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1 1	-						

DS-DE 13 (Rev. 08/03)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES (1) Name JASON MOON 104 (2) I.D. Number ____ 8/22/2008 9/12/2008 (4) Page 1 of 1 (3) Cover Period ____/___/____ __through ____/___/___ (7) (8) (9) (10) (11) (5) Date Full Name Purpose (Last, Suffix, First, Middle) (add office sought if (6) Expenditure contribution to a Street Address & Sequence Type candidate) **Amount** City, State, Zip Code Amendment Number Artype Inc, 3530 Work Dr 8/29/2008 signs MO \$4,804.45 Ft Myers, FL 33916 9/5/2008 \$1,219.00 Artype Inc, flyers MO 3530 Work Dr Ft Myers, FL 33916 Crompton Creative, 1342 Woodmere Lane Ft Myers, FL 33919 \$747.50 8/26/2008 design MO

DS-DE 14 (Rev. 08/03)

FLORIDA DEPARTMENT OF ST CAMPAIGN TREASURE	ATE DIVISION OF ELECTIONS R'S REPORT OF THE PROPERTY OF THE PR
(1) JASON MOON Name	DOFFICE USE ONLY E
(2) 27350 HICKORY BLVD, BONITA SPRINGS, FL	34134 UU AUG 1 g 2008 UU
Address (number and street)	LEE COUNTY ELECTIONS
City, State, Zip Code	TEE GOOM IT ELECTIONS
CHECK IF ADDRESS HAS CHANGED	(3) ID Num ECEIVED
(4) Check appropriate box(es):	
X Candidate (office sought): HEALTH SYSTEM-	CHECK IF PC HAS DEBANDEDAUG 1 8 2008
☐ Political Committee ☐ Committee of Continuous Existence	CHECK IF CCE HAS DISBANDED
Party Executive Committee	CHECK IF COE HAS USBANDED
☐ Electioneering Communication	CHECK IF NO OTHER PLECTIONS COMMUNICATION REPORTS WILL BE FILED
	COMMUNICATION REPORTS WILL BE FILED
(5) REPORT	IDENTIFIERS
Cover Period: From 8/2/2008 To	8/21/2008 / Report Type F3
☑ Original ☐ Amendment ☐ Special Election	Report Independent Expenditure Report
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT
Cash & Checks \$ 3,500.00	Monetary Expenditures \$ 763.67
Loans \$ 0.00	Transfers to Office Account \$ 0.00
Total Monetary \$ 3,500.00	Total Monetary \$ 763.67
In-Kind \$ 0.00	
	(8) Other Distributions \$
(9) TOTAL Monetary Contributions To Date \$	(10) TOTAL Monetary Expenditures To Date
(11) CERT	IFICATION
	on to falsify a public record (ss. 839.13, F.S.)
I certify that I have examined this report and it is true, correct, and complete.	I certify that I have examined this report and it is true, correct, and complete.
(Type name)	(Type name)
Individual (only for electioneering commun.)	Candidate Chairperson (only for PC, PTY & electioneering commun. organization)
X	<u> </u>
Signature	Signature

(1) Name	JASON MOON				(2) I.D. Numbe	er	L04
	8/2/2008			/21/2008			
(3) Cover Peri	iod///	thri			(4) Pag	1	of ²
(b) botter i en				*	(+) 1 49		
(5)	(7)	Ţ	(8)	(9)	(10)	(11)	(12)
Date	Full Name	}	V-7;#		1	, , , ,	, , , ,
(6)	(Last, Suffix, First, Middle)				1		(
Sequence	Street Address &	C	ontributor	Contribution	ln-kind		(
Number	City, State, Zip Code		Occupation	Туре	Description	Amendment	Amount
	Guckes, Angelica	I	homemaker	CH			\$250.00
8/4/2008	4351 NE 22nd Ave Ft Lauderdale, FL 33308						
1			, ,	i i			
8/4/2008	Fernandez, Eduardo 4351 NE 22nd Ave Ft Lauderdale, FL 33308	I	physician	СН			\$250.00
2							
8/4/2008	Weinbach, Jonathan 10175 Spring Mountain Rd Unit 2160	ļ	business developme	CH			\$500.00
3	Las Vegas, NV 89117		nt	<u>.</u>			
8/7/2008 / /	Garcia, Jose 175 Mandalay Rd Punta Gorda, FL 33950	I	physician	СН			\$500.00
4							
8/11/2008 / /	Moon, Linda 15384 Fiddlesticks Blvd Ft Myers, FL 33912	I	homemaker	СН			\$500.00
5							
8/10/2008 / /	Fox, Brian 505 Tremont St Unit 204	I	investor	СН			\$500.00
6	Boston, MA 02116						
8/8/2008	Kearns, Kevin 7701 Knightwing Cir Ft Myers, FL 33912		administr ator	CH			\$500.00
7							
8/18/2008 / /	Hamric, Lalai 1226 Alhambra Dr Ft Myers, FL 33901		administr ator	СН			\$100.00
8			! 			ļ	

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(1) Name	JASON MOON	(2) I.D. Number									
	8/2/2008		8	/21/2008							
(3) Cover Peri	od//	thr	ough	1	(4) Page		of _2				
(5) Date	(7) Full Name	-	(8)	(9)	(10)	(11)	(12)				
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	1	entributor Cocupation	Contribution	In-kind Description	Amendment	Amount				
8/5/2008 / /	Horowitz, WIlliam 15529 Fiddlesticks Blvd Ft Myers, FL 33912	I	attorney	СН			\$150.00				
8/18/2008 / /	Roepstorff, Geoffrey 1287 Isabel Dr Sanibel Island, FL 33957	I	banker	СН		,	\$250.00				
1 1											
, ,											
l l											
DS-DE 13 (Rev. 08/0	03)	SEF RE	VERSE FOR I	NSTRUCTIONS	AND CODE VALU	FS					

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES (1) Name JASON MOON 104 (2) I.D. Number _____ 8/2/2008 8/21/2008 (4) Page 1 of 1 (7) (8) (9) (10) (11) (5) Date Full Name Purpose (Last, Suffix, First, Middle) (add office sought if (6) Expenditure contribution to a Street Address & Sequence Type candidate) Amount City, State, Zip Code Amendment Number 8/2/2008 consulting MO \$750.00 BJM Consulting, PO Box 101655 Cape Coral, FL 33910 1 8/7/2008 \$13.67 Trophy Case, badge 11188 Cleveland Ave Ft Myers, FL 33907 2

FLORIDA DEPARTMENT OF STA	ATE DIVISION OF ELECTIONS R'S REPORT SUMMARY							
(1) JASON MOON Name (2) 27350 HICKORY BLVD, BONITA SPRINGS, FL 3 Address (number and street)	OFFICE USE ONLY 104							
City, State, Zip Code								
CHECK IF ADDRESS HAS CHANGED (3) ID Number: (4) Check appropriate box(es): ☐ Candidate (office sought): HEALTH SYSTEM-3 ☐ Political Committee ☐ CHECK IF PC HAS DISBANDED ☐ Committee of Continuous Existence ☐ CHECK IF CCE HAS DISBANDED ☐ Party Executive Committee ☐ Electioneering Communication ☐ CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED								
(5) REPORT Cover Period: From 7/19/2008 To Original Amendment Special Election	Beport Independent Expenditure Report							
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT							
Cash & Checks \$ 5,800.00	Monetary Expenditures \$ 697.80							
Loans \$ 0.00	Transfers to Office Account \$ 0.00							
Total Monetary \$ 5,800.00	Total Monetary \$ 697.80							
In-Kind \$	(8) Other Distributions \$ 0.00							
(9) TOTAL Monetary Contributions To Date \$8,900.00	(10) TOTAL Monetary Expenditures To Date \$							
(11) CERT It is a first degree misdemeanor for any pers								
I certify that I have examined this report and it is true, correct, and complete.	I certify that I have examined this report and it is true, correct, and complete.							
(Type name) January Moral Treasurer Deputy Treasurer election earing commun.)	(Type name) Jason Moon Chairperson (only for PC, PTY & electioneering commun. organization)							
X //	x /c							
Signature	Signaturė							

(1) Name	JASON M	OON			_		(2) I.D. Numbe	r	104		
	7/3	19/20	08		8/1/2	8008					
(3) Cover Per	iod	1	1	through	1	f	(4) Page	<u>1</u>	of	2	

(5) Date	(7) Full Name		(8)	(9)	(10)	an	(12)	
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Contributor Type Occupation		Contribution Type	In-kind Description	Amendment	Amount	
7/31/2008	Galmarini, Daniel 5051 Pelican Colony Blvd 1903 Bonita Springs, FL 34134	Ī	physicist	СН			\$500.0	
7/31/2008	Galmarini, Silvia 5051 Pelican Colony Blvd 1903 Bonita Springs, FL 34134	I	homemaker	СН			\$500.0	
7/25/2008	Gorovoy, Mark 8661 Cajuput Cove Pt Myers, FL 33919	I	physician	СН			\$500.0	
7/23/2008	Dosoretz, Daniel 13221 Ponderosa Way Ft Myers, FL 33907	I	physician	СН	·		\$500.0	
7/23/2008	Dosoretz, Celia 13221 Ponderosa Way Ft Myers, FL 33907	Ī	homemaker	СН			\$500.0	
7/30/2008	Reynoldson, John 13281 Ponderosa Way Ft Myers, FL 33907		investment manager	СН			\$500.0	
7/29/2008 / /	Suarez, Maria 1220 Kasamada Dr Ft Myers, FL 33919	I	executive assistant	СН			\$300.00	
7/27/2008 / /	Miksa, John 2071 SE 28th St Cape Coral, FL 33904		real estate	СН			\$500.00	
8			<br< td=""><td></td><td></td><td>}</td><td></td></br<>			}		

DS-DE 13 (Rev. 08/03)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name	JASON MOON				2) I.D. Numb	ег	
	7/19/2008			/1/2008	4144 (*** **	. 2	. 2
(3) Cover Perio	od//	tr	rough	<i>''-</i>	(4) Pag	ge	of 2
(5) Date	(7) Füll Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Type	Contributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
7/27/2008 / /	Dyke, Valerie 2071 SE 28th St Cape Coral, FL 33904	Ī	physician	СН			\$500.0
9							
7/23/2008 / /	Katin, Michael 2234 Colonial Blvd Ft Myers, FL 33907	I	physician	СН			\$500.0
10				!			
7/25/2008 / /	Moon, John 15384 Fiddlesticks Blvd Ft Myers, FL 33912	I	broker	СН			\$500.0
11							
7/19/2008 / /	Miller, Keith 12731 Terabella Way Ft Myers, FL 33912	I	physician	СН			\$500.0
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DS-DE 13 (Rev. 08/03)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES (1) Name JASON MOON 104 (2) I.D. Number____ 7/19/2008 8/1/2008 (4) Page 1 of ____ (3) Cover Period ____/___ through ____/__/___/ (7) (8) (9) (10) (11) (5)Date **Full Name** Purpose (add office sought if (Last, Suffix, First, Middle) (6) Expenditure Street Address & contribution to a Sequence Туре City, State, Zip Code candidate) Amount Amendment Number 7/24/2008 Pagefield Postal Store, MO \$48.00 po box Ft Myers, FL 33907 1 \$349.80 7/29/2008 Lasting Impression, prof MO 8945 College Pkwy Ft Myers, FL 33919 photos 2 7/23/2008 Don Carlos Mexican catering \$300.00 MO Restaurant, 3524 Palm Beach Blvd Ft Myers, FL 33916

	FLORIDA DEPARTMENT OF STA	7.74.2.7		A 145 X 115	OF ELECTION: SUMMARY	s /	
(1)	JASON MOON			. •,	OFFICE US	EONLY 104	
' ' -	Name					104	
(2)	27350 HICKORY BLVD, BONITA SPRINGS, FL 3	34134					
	Address (number and street)						
	·						
	City, State, Zip Code						
	CHECK IF ADDRESS HAS CHANGED		(3)	ID N	lumber:		·
(4)	Check appropriate box(es):			\ /			
, ,	X Candidate (office sought): HEALTH SYSTEM-	3		V			<u> - سنب -</u>
	Political Committee	CHE	CK IF	PC H/	AS DISBANDED	e.	
	Committee of Continuous Existence	CHE	CK IF	CCE	HAS DISBANDE	D	
	Party Executive Committee	-4					
	Electioneering Communication				THER ELECTION REPORTS W		
	(5) REPORT	DENTI	FIERS	<u> </u>			<u>-</u>
Cove	er Period: From 4/1/2008 To	7/18/	2008	j	Report	Type F1	
	riginal Amendment Special Election		·	 		penditure Report	
							
(6)	CONTRIBUTIONS THIS REPORT	(7)		ENDI	TURES THIS R	REPORT	
0	& Checks \$ 2,600.00	Monet Expen		æ	\$	45.30	
Gasi	a checks	_mpc.	i u ndi o		Ψ	43.30	_
Loan	s \$ 500.00	Transi	ers to	Offic	e		
		Accou	-		\$	0.00	
Total	Monetary \$ 3,100.00	Total					-
		Monet	ary		\$	45.30	-
In-Ki	nd \$						
i		(8)	Othe	r Dis	tributions		
					\$	0.00	- -
(9)	TOTAL Monetary Contributions To Date	(10)	TOT	AL M	onetary Exper	nditures To Date	
	\$ 3,100.00	-	\$,		
	3,					43.30	
	(11) CERT	FICATI	ON				
 	It is a first degree misdemeanor for any pers	on to fa	lsify a	publi	ic record (ss. 83	9.13, F.S.)	
I cert	ify that I have examined this report and it is true, ct, and complete.					s report and it is tr	uę.
l	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	correc	ı, and	com	piete.		1
<u></u>	pename) Jason / lo-		e name		Jasa Ma	<u> </u>	
ele	Individual (only for Treasurer Deputy Treasurer ctioneering commun.)	N C	andida	te		rson (only for PC, PTY i g commun. organization	
X		X		/		•	
Si	gnature		nature				

(1) Name	ASON MOON			 .	(2) I.D. Number		104	
	4/1/2008			7/18/2008				
(3) Cover Perio	d /	<i>F</i>	through	11	(4) Page	1	of	1

(5)	(7)	1	(8)	(9)	(10)	(11)	(12)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Туре	ontributor Occupation	Contribution Type	In-kind Description	Amenidment	Amount
7/8/2008	Quinonez, Jorge 4582 Fairloop Run Lehigh Acres, FL 33973	I	physician	CH			\$200.0
7/11/2008	Hamric, Lalai 1226 Alhambra Drive Ft. Myers, FL 33901	I	administr ator	СН	· 		\$150.0
7/8/2008	Taylor, James 1443 Friendship Walkway Ft. Myers, FL 33901	I	physician	СН			\$250.0
7/11/2008	Rubenstein, James 13301 Ponderosa Way Ft. Myers, FL 33907	I	physician	СН			\$500.0
7/9/2008 / /	Moon, Jason 27350 Hickory Blvd Bonita Springs, FL 34134	I	attorney	LO			\$500.0
7/15/2008 / /	Daitch, Barbara 812 Cape View Dr Ft. Myers, FL 33919	I	administr ator	СН			\$500.0
7/15/2008 / / 7	Daitch, Jonathan 812 Cape View Dr Ft. Myers, FL 33919	I	physician	СН			\$500.0
7/11/2008	Rubenstein, Betty 13301 Ponderosa Way Ft. Myers, FL 33907	Ī	homemaker	СН			\$500.0

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name JASO	NOOM NO		(2) I.D. Numbe		104	
(3) Cover Perio	4/1/2008 d/throu	7/18/2008 gh/_/	(4) Page1	of	1	
(5)	(7)	(8)	(9)	(10)	(11)	

	(7)	(8)	(9)	(10)	(11)
(5) Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
7/9/2008 1	Stinger Digital Print, 307 Del Prado Blvd #5 Cape Coral, FL 33909	promotion al materials	МО		\$45.3(
11					
1.1					
1.1					
<i>[-]</i>					
//					<u> </u>

DS-DE 14 (Rev. 08/03)