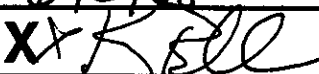


LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

Candidate Name			
Residence Address			111494177
City and Zip Code	BABB, KERRY LEE 11594 PLANTATION PRESERVE CIR S FORT MYERS FL 33966		
Mailing Address (if different)	<input type="checkbox"/>	C	
Telephone Number(s) (Daytime)	340-8640	OR	
Email Address	Kerrybabb@aol.com		
Office Sought	Lee Memorial Health System		
Area, District, Group Or Seat Number	District 5		
Political Party (If Applicable)	NON		
Date Of Birth Or Voter ID #	10/15/55		
Date	6/3/08		
Candidate Signature			

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 may be 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.

SCANNED

STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES
(Section 106.021(1), F.S.)

OFFICE USE ONLY

(PLEASE TYPE)

CHECK APPROPRIATE

Original Appointment

Name of Candidate

BABB, KERRY LEE
11594 PLANTATION PRESERVE CIR S
FORT MYERS FL 33966

111494177

Primary Depositor Secondary Depositor

Office box or street, city, state, zip code)

Lee Memorial
Health System

Telephone (optional)

2. Party (Partisan candidates only)

3. Office (add district, circuit, group number)

340-8640

NON

Dist 5

I have appointed the following person to act as my

Campaign Treasurer

Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer

111494177

5. BABB, KERRY LEE
11594 PLANTATION PRESERVE CIR S
FORT MYERS FL 33966

6. Telephone

7. State

10. Zip Code

I have designated the following named bank as my

Primary Depositor

Secondary Depositor

11. Name of Bank

12. Street Address

Wachovia

15890 Summerlin Rd

13. City
Ft. Myers

14. County
Lee

15. State
FL

16. Zip Code

17. Signature of Candidate

Date

Kerry Lee

6/3/08

Campaign Treasurer

111494177

I, _____ (Please Print or

BABB, KERRY LEE
11594 PLANTATION PRESERVE CIR S
FORT MYERS FL 33966

pointment as

Campaign Treasurer Deputy Treasurer

who is seeking nomination or election as a

NON

candidate to the office of

Lee Mem. Health System

(Party)

As a duly registered voter in

Lee

County, Florida, I am qualified to accept this appointment.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.

6/3/08

Date

Kerry Lee

Signature of Campaign Treasurer or Deputy Treasurer

AFFIDAVIT OF INTENT LEE COUNTY SPECIAL DISTRICT CANDIDATE

State of Florida
County of Lee

BABB, KERRY LEE
11594 PLANTATION PRESERVE CIR S
FORT MYERS FL 33966

111494177

I, _____, am a candidate for the Special District
(print name)

office of: Lee Memorial Health System District 5
(district name and district #, seat #, or area#)

in the 11/04/08 election. I understand that my only campaign
(date of election)

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, I will not be required to: 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, prior to doing so, I understand that I AM REQUIRED TO FIRST FILE 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 [Signature]
Signature of Candidate

6/3/08
Date

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."



STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

111494177

BABB, KERRY LEE
11594 PLANTATION PRESERVE CIR S
FORT MYERS FL 33966

I, _____,

candidate for the office of Lee Memorial Health System ;

District 5

have received, read and understand the requirements of Chapter 106,

Florida Statutes.

x 
Signature of Candidate

6/3/08
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).

SCANNED

**LEE MEMORIAL HEALTH SYSTEM BOARD OF DIRECTORS
LEE COUNTY TRAUMA SERVICES DISTRICT BOARD OF DIRECTORS
NON-PARTISAN CANDIDATE LOYALTY OATH**

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
Kerry	Lee	Babb

I am a citizen of the State of Florida and of the United States of America, and a candidate for public office, do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

OATH OF CANDIDATE

(Section 99.021 Florida Statutes)

I, Kerry Babb, 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 Services Board of Directors for
District 5, AND that;

My legal residence is 11594 Plantation Preserve Cir 5 Lee
County, Florida. I am qualified under the Constitution and the Laws of Florida to hold the office to which I
desire to be nominated or elected. I have qualified for no other public office in the state, the term of which
office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from
which I am required to resign pursuant to Section 99.012, Florida Statutes.

AND that;
I, Kerry Babb a citizen of the State of Florida and of the United
States of America, and being employed by or an officer of the Lee Memorial Health System Board of Directors
and the Lee County Trauma Services District Board of Directors, and a recipient of public funds as such
employee or officer, do hereby solemnly swear or affirm that I will support the Constitution of the United
States and of the State of Florida, AND that;

I have not violated any of the laws of the State of Florida relating to electors and to registration of electors,
AND that;

I am seeking election as a director of the Lee Memorial Health System Board of Directors and the Lee County
Trauma Services District Board of Directors from the county health system district which I reside in, AND that;
I have taken the oath required by section 876.05, Florida Statutes.

X. Bll 239 340-8640 Kerrybabb@aol.com
Signature of Candidate Daytime Telephone Number Email Address

11594 Plantation Preserve Cir 5 FL 33966
Address City State Zip Code

Sworn to (or affirmed) and subscribed before me this 3rd day of June, 2008
 Personally Known

ORIGINAL
08JUN03PM 11:38:51
Lee Co FI

SCANNED

Produced Identification

Type of Identification Produced:

Bernice Ramos Feliciano

Signature of Notary Public - State of Florida
Print, Type or Stamp Commissioned Name of Notary Public



Bernice Ramos Feliciano
Commission # DD589927
Expires October 19, 2010
Bonded Trust Firm - Insurance, Inc. 800-888-7078

This form has been modified for Lee County only 2/26/2008
111484177

BABB, KERRY LEE
11594 PLANTATION PRESERVE CIR S
FORT MYERS FL 33966

08JUN16PM1237 SDEL Lee Co FI

Please print or type your name, mailing address, agency name, and position below:

FINANCIAL INTERESTS

COPY

LAST NAME -- FIRST NAME -- MIDDLE NAME :

111494177

FOR OFFICE USE ONLY:

MAIL BABB, KERRY LEE 11594 PLANTATION PRESERVE CIR S FORT MYERS FL 33966

ID Code

CITY

ID No.

NAME OF AGENCY: Lee Memorial Health System

Conf. Code

NAME OF OFFICE OR POSITION HELD OR SOUGHT: District 5

P. Req. Code

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

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):

[x] DECEMBER 31, 2007 OR [] SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:

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 (Instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):

[] COMPARATIVE (PERCENTAGE) THRESHOLDS OR [x] DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]

NAME OF SOURCE OF INCOME SOURCE'S ADDRESS DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY

Meridian Broadcasting 2824 Palm Beach Blvd Ft 33901 Radio

PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]

NAME OF BUSINESS ENTITY NAME OF MAJOR SOURCES OF BUSINESS' INCOME ADDRESS OF SOURCE PRINCIPAL BUSINESS 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 that may need to be filed are described on page 3.

SCANNED

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

PART E — LIABILITIES [Major debts]

NAME OF CREDITOR

ADDRESS OF CREDITOR

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]

BUSINESS ENTITY # 1

BUSINESS 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 SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE (required):

X K Bll

DATE SIGNED (required):

6/3/08

FILING INSTRUCTIONS:

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.

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.

WAIVER OF REPORT

(Section 106.07(7), F.S.)

(PLEASE TYPE)

KERRY BABB
11594 PLANTATION PRESERVE CIR S
FORT MYERS, FL 33966

Candidate's Name (Last, Suffix, First, Middle)
OR Political Committee, CCE or Party Name

Address (Number and Street)

City State Zip Code

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Candidate | <input type="checkbox"/> Committee of Continuous Existence | <input type="checkbox"/> Check box if address has changed since last report. |
| <input type="checkbox"/> Political Committee | <input type="checkbox"/> Party Executive Committee | <input type="checkbox"/> Check here if PC or CCE has DISBANDED and will no longer file reports. |

OFFICE USE ONLY

FINAL REPORT

HEALTH SYSTEM-6

Identification Number (Assigned by Division of Elections)

Office Sought (Include District, Circuit or Group Number)

TYPE OF REPORT (Check Appropriate Box)

QUARTERLY REPORTS

- January
- April
- July
- October

PRIMARY ELECTION

- 32nd day prior
- 18th day prior
- 4th day prior

GENERAL ELECTION

- 48th day prior
- 32nd day prior
- 18th day prior
- 4th day prior

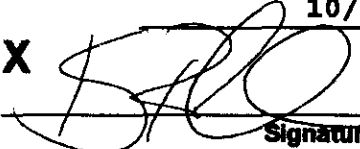
TERMINATION REPORT

SPECIAL ELECTION

NOTIFICATION OF NO ACTIVITY IN CAMPAIGN ACCOUNT FOR THE REPORTING PERIOD OF

10/31/2008 through 2/2/2009 (TR-4)

X


Signature

1/22/09
Date

SIGNATURES REQUIRED FOR:

- Candidates**
Candidate, Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)
- Political Committees**
Chairman, Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)
- Committees of Continuous Existence**
Treasurer (s. 106.04(4)(c), F.S.)
- Party Executive Committees**
Treasurer or Chairman (s. 106.29(2), F.S.)

In any reporting period when there has been no activity in the account (no funds expended or received) the filing of the required report is waived. However, the filing officer must be notified in writing on the prescribed reporting date that no report is being filed.

09JAN27PM0216 SDE Lee Co F1

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

OFFICE USE ONLY 84

(1) KERRY BABB

Name

(2) 11594 PLANTATION PRESERVE CIR S, FORT MYERS, FL 33966

Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) **Check appropriate box(es):**

Candidate (office sought): HEALTH SYSTEM-5

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 IDENTIFIERS

Cover Period: From 10/11/2008 To 10/30/2008 Report Type G4

Original **Amendment** **Special Election Report** **Independent Expenditure Report**

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 0.00

Loans \$ 0.00

Total Monetary \$ 0.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 100.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 100.00

(8) **Other Distributions**
\$ 0.00

(9) **TOTAL Monetary Contributions To Date**

\$ 100.00

(10) **TOTAL Monetary Expenditures To Date**

\$ 100.00

(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) KERRY BABB
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer

[Signature]
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) KERRY BABB
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

[Signature]
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name KERRY BARR (2) I.D. Number 84

10/11/2008 10/30/2008

(3) Cover Period / / through / / (4) Page 1 of 0

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name KERRY BABB

(2) I.D. Number 84

(3) Cover Period 10/11/2008 through 10/30/2008

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
10/27/2008 //	Babb, Kerry L 11594 Plantation Preserve Cir Ft Myers, Fl 33912	repayment for supplies	RE		\$100.00
1					
//					
//					
//					
//					
//					
//					
//					

WAIVER OF REPORT

(Section 106.07(7), F.S.)

(PLEASE TYPE)

OFFICE USE ONLY

84

KERRY BABB
11594 PLANTATION PRESERVE CIR S
FORT MYERS, FL 33966

HEALTH SYSTEM-5

Candidate's Name (Last, Suffix, First, Middle)
OR Political Committee, CCE or Party Name

Identification Number (Assigned by Division
of Elections)

Address (Number and Street)

Office Sought (Include District, Circuit or
Group Number)

City State Zip Code

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Candidate | <input type="checkbox"/> Committee of Continuous Existence | <input type="checkbox"/> Check box if address has changed since last report. |
| <input type="checkbox"/> Political Committee | <input type="checkbox"/> Party Executive Committee | <input type="checkbox"/> Check here if PC or CCE has DISBANDED and will no longer file reports. |

TYPE OF REPORT (Check Appropriate Box)

QUARTERLY REPORTS

PRIMARY ELECTION

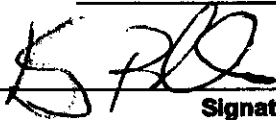
GENERAL ELECTION

- | | | | |
|----------------------------------|---|---|---|
| <input type="checkbox"/> January | <input type="checkbox"/> 32nd day prior | <input type="checkbox"/> 48th day prior | |
| <input type="checkbox"/> April | <input type="checkbox"/> 18th day prior | <input type="checkbox"/> 32nd day prior | <input type="checkbox"/> TERMINATION REPORT |
| <input type="checkbox"/> July | <input type="checkbox"/> 4th day prior | <input type="checkbox"/> 18th day prior | <input type="checkbox"/> SPECIAL ELECTION |
| <input type="checkbox"/> October | | <input type="checkbox"/> 4th day prior | |

NOTIFICATION OF NO ACTIVITY IN CAMPAIGN ACCOUNT FOR THE REPORTING PERIOD OF

9/27/2008 through 10/10/2008 (G3)

X



Signature

10/13/08

Date

SIGNATURES REQUIRED FOR: Candidates
Candidate, Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)
Political Committees
Chairman, Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)
Committees of Continuous Existence
Treasurer (s. 106.04(4)(c), F.S.)
Party Executive Committees
Treasurer or Chairman (s. 106.29(2), F.S.)

In any reporting period when there has been no activity in the account (no funds expended or received) the filing of the required report is waived. However, the filing officer must be notified in writing on the prescribed reporting date that no report is being filed.

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) KERRY BABB
Name

(2) 11594 PLANTATION PRESERVE CIR S, FORT MYERS,
Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(4) Check appropriate box(es):

Candidate (office sought): HEALTH SYSTEM-5

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

(3) ID Number:

LEE COUNTY ELECTIONS

OFFICE USE ONLY 84

R E C E I V E

OCT 2 2008

(5) REPORT IDENTIFIERS

Cover Period: From 9/13/2008 To 9/26/2008 / Report Type G2

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 100.00

Loans \$ 0.00

Total Monetary \$ 100.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 0.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 0.00

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 100.00

(10) TOTAL Monetary Expenditures To Date

\$ 0.00

(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)

Individual (only for electioneering comm.) Treasurer Deputy Treasurer

[Signature]

Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name)

Candidate Chairperson (only for PC, PTY & electioneering comm. organization)

[Signature]

Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name KERRY BARR (2) I.D. Number 84

(3) Cover Period 9/13/2008 through 9/26/2008 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
		Type	Occupation				
9/21/2008 / /	Address, Noel E PO Box 420 Pine Island, FL 33945	I	retired	CH			\$100.00
1							
/ /							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name KERRY BABB

(2) I.D. Number 84

(3) Cover Period 9/13/2008 through 9/26/2008

(4) Page 1 of 0

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

WAIVER OF REPORT

(Section 106.07(7), F.S.)

(PLEASE TYPE)

OFFICE USE ONLY

84

KERRY BABB
11594 PLANTATION PRESERVE CIR S
FORT MYERS, FL 33966

HEALTH SYSTEM-5

Candidate's Name (Last, Suffix, First, Middle)
OR Political Committee, CCE or Party Name

Identification Number (Assigned by Division
of Elections)

Address (Number and Street)

Office Sought (Include District, Circuit or
Group Number)

City State Zip Code

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Candidate | <input type="checkbox"/> Committee of Continuous Existence | <input type="checkbox"/> Check box if address has changed since last report. |
| <input type="checkbox"/> Political Committee | <input type="checkbox"/> Party Executive Committee | <input type="checkbox"/> Check here if PC or CCE has DISBANDED and will no longer file reports. |

TYPE OF REPORT (Check Appropriate Box)

QUARTERLY REPORTS

PRIMARY ELECTION

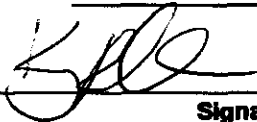
GENERAL ELECTION

- | | | | |
|----------------------------------|---|---|---|
| <input type="checkbox"/> January | <input type="checkbox"/> 32nd day prior | <input type="checkbox"/> 48th day prior | |
| <input type="checkbox"/> April | <input type="checkbox"/> 18th day prior | <input type="checkbox"/> 32nd day prior | <input type="checkbox"/> TERMINATION REPORT |
| <input type="checkbox"/> July | <input type="checkbox"/> 4th day prior | <input type="checkbox"/> 18th day prior | <input type="checkbox"/> SPECIAL ELECTION |
| <input type="checkbox"/> October | | <input type="checkbox"/> 4th day prior | |

NOTIFICATION OF NO ACTIVITY IN CAMPAIGN ACCOUNT FOR THE REPORTING PERIOD OF

8/22/2008 through 9/12/2008 (G1)

X



Signature

9/15/08

Date

SIGNATURES REQUIRED FOR: Candidates
Candidate, Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)
Political Committees
Chairman, Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)
Committees of Continuous Existence
Treasurer (s. 106.04(4)(c), F.S.)
Party Executive Committees
Treasurer or Chairman (s. 106.29(2), F.S.)

In any reporting period when there has been no activity in the account (no funds expended or received) the filing of the required report is waived. However, the filing officer must be notified in writing on the prescribed reporting date that no report is being filed.

WAIVER OF REPORT

(Section 106.07(7), F.S.)

(PLEASE TYPE)

OFFICE USE ONLY

84

KERRY BABB
11594 PLANTATION PRESERVE CIR S
FORT MYERS, FL 33966

HEALTH SYSTEM-5

Candidate's Name (Last, Suffix, First, Middle)
OR Political Committee, CCE or Party Name

Identification Number (Assigned by Division
of Elections)

Address (Number and Street)

Office Sought (Include District, Circuit or
Group Number)

City State Zip Code

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Candidate | <input type="checkbox"/> Committee of Continuous Existence | <input type="checkbox"/> Check box if address has changed since last report. |
| <input type="checkbox"/> Political Committee | <input type="checkbox"/> Party Executive Committee | <input type="checkbox"/> Check here if PC or CCE has DISBANDED and will no longer file reports. |

TYPE OF REPORT (Check Appropriate Box)

QUARTERLY REPORTS

- January
 April
 July
 October

PRIMARY ELECTION

- 32nd day prior
 18th day prior
 4th day prior

GENERAL ELECTION

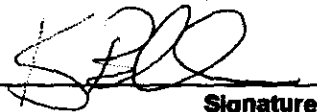
- 48th day prior
 32nd day prior
 18th day prior
 4th day prior

- TERMINATION REPORT
 SPECIAL ELECTION

NOTIFICATION OF NO ACTIVITY IN CAMPAIGN ACCOUNT FOR THE REPORTING PERIOD OF

8/2/2008 through 8/21/2008 (F3)

X


Signature

8/21/08
Date

SIGNATURES REQUIRED FOR:

- Candidates**
Candidate, Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)
- Political Committees**
Chairman, Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)
- Committees of Continuous Existence**
Treasurer (s. 106.04(4)(c), F.S.)
- Party Executive Committees**
Treasurer or Chairman (s. 106.29(2), F.S.)

In any reporting period when there has been no activity in the account (no funds expended or received) the filing of the required report is waived. However, the filing officer must be notified in writing on the prescribed reporting date that no report is being filed.

09PLJCEOM1144 SDE Lee Co FL

WAIVER OF REPORT

(Section 106.07(7), F.S.)

(PLEASE TYPE)

KERRY BABB
11594 PLANTATION PRESERVE CIR S
FORT MYERS, FL 33966

Candidate's Name (Last, Suffix, First, Middle)
OR Political Committee, CCE or Party Name

HEALTH SYSTEM-5

Identification Number (Assigned by Division
of Elections)

Address (Number and Street)

Office Sought (Include District, Circuit or
Group Number)

City State Zip Code

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Candidate | <input type="checkbox"/> Committee of Continuous Existence | <input type="checkbox"/> Check box if address has changed since last report. |
| <input type="checkbox"/> Political Committee | <input type="checkbox"/> Party Executive Committee | <input type="checkbox"/> Check here if PC or CCE has DISBANDED and will no longer file reports. |

TYPE OF REPORT (Check Appropriate Box)

QUARTERLY REPORTS

- January
 April
 July
 October

PRIMARY ELECTION

- 32nd day prior
 18th day prior
 4th day prior

GENERAL ELECTION

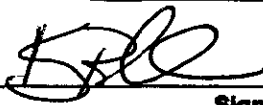
- 46th day prior
 32nd day prior
 18th day prior
 4th day prior

- TERMINATION REPORT
 SPECIAL ELECTION

NOTIFICATION OF NO ACTIVITY IN CAMPAIGN ACCOUNT FOR THE REPORTING PERIOD OF

7/19/2008 through 8/1/2008 (F2)

X



Signature

8/5/08

Date

SIGNATURES REQUIRED FOR:

Candidates

Candidate, Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)

Political Committees

Chairman, Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)

Committees of Continuous Existence

Treasurer (s. 106.04(4)(c), F.S.)

Party Executive Committees

Treasurer or Chairman (s. 106.29(2), F.S.)

In any reporting period when there has been no activity in the account (no funds expended or received) the filing of the required report is waived. However, the filing officer must be notified in writing on the prescribed reporting date that no report is being filed.

108911007PM0234 SDE L&C F1

WAIVER OF REPORT

(Section 106.07(7), F.S.)

(PLEASE TYPE)

OFFICE USE ONLY

84

KERRY BABB
11594 PLANTATION PRESERVE CIR S
FORT MYERS, FL 33966

HEALTH SYSTEM-5

Candidate's Name (Last, Suffix, First, Middle)
OR Political Committee, CCE or Party Name

Identification Number (Assigned by Division
of Elections)

Address (Number and Street)

Office Sought (Include District, Circuit or
Group Number)

City State Zip Code

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Candidate | <input type="checkbox"/> Committee of Continuous Existence | <input type="checkbox"/> Check box if address has changed since last report. |
| <input type="checkbox"/> Political Committee | <input type="checkbox"/> Party Executive Committee | <input type="checkbox"/> Check here if PC or CCE has DISBANDED and will no longer file reports. |

TYPE OF REPORT (Check Appropriate Box)

- | | | | |
|----------------------------------|---|---|---|
| QUARTERLY REPORTS | PRIMARY ELECTION | GENERAL ELECTION | |
| <input type="checkbox"/> January | <input type="checkbox"/> 32nd day prior | <input type="checkbox"/> 46th day prior | |
| <input type="checkbox"/> April | <input type="checkbox"/> 18th day prior | <input type="checkbox"/> 32nd day prior | <input type="checkbox"/> TERMINATION REPORT |
| <input type="checkbox"/> July | <input type="checkbox"/> 4th day prior | <input type="checkbox"/> 18th day prior | <input type="checkbox"/> SPECIAL ELECTION |
| <input type="checkbox"/> October | | <input type="checkbox"/> 4th day prior | |

NOTIFICATION OF NO ACTIVITY IN CAMPAIGN ACCOUNT FOR THE REPORTING PERIOD OF

4/1/2008 through 7/18/2008 (F1)

X

KBB
Signature

7/15/08
Date

SIGNATURES REQUIRED FOR: Candidates
Candidate, Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)
Political Committees
Chairman, Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)
Committees of Continuous Existence
Treasurer (s. 106.04(4)(c), F.S.)
Party Executive Committees
Treasurer or Chairman (s. 106.29(2), F.S.)

In any reporting period when there has been no activity in the account (no funds expended or received) the filing of the required report is waived. However, the filing officer must be notified in writing on the prescribed reporting date that no report is being filed.

08 JUL 17 PM 02:40 SDE Lee Co F1