

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

(1) TYLER DUPOUY
Name

(2) 2797 FIRST ST #1905, FORT MYERS, FL 33916
Address (number and street)

City, State, Zip Code

OFFICE USE ONLY 155

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): LEE MEMORIAL 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 10/9/2010 To 10/28/2010 Report Type G4

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

| | | |
|----------------|----|-----------------|
| Cash & Checks | \$ | <u>1,000.00</u> |
| Loans | \$ | <u>0.00</u> |
| Total Monetary | \$ | <u>1,000.00</u> |
| In-Kind | \$ | <u>684.25</u> |

(7) EXPENDITURES THIS REPORT

| | | |
|-----------------------------|----|---------------|
| Monetary Expenditures | \$ | <u>362.00</u> |
| Transfers to Office Account | \$ | <u>0.00</u> |
| Total Monetary | \$ | <u>362.00</u> |

(8) Other Distributions
\$ 0.00

(9) TOTAL Monetary Contributions To Date
\$ 2,346.49

(10) TOTAL Monetary Expenditures To Date
\$ 1,310.23

(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.

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

(Type name) _____

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X _____

Signature

(Type name) _____

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

X _____

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name TYLER DUPUY **(2) I.D. Number** 155
 10/9/2010 through 10/28/2010
(3) Cover Period / / through / / **(4) Page** 1 of 1

| (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 |
|-------------------|--|--|------------------------------------|-----------------------------|--------------------------------|-------------------|----------------|
| 10/12/2010 / / | Aviat Inc., 408 SW 33rd Terrace Cape Coral, Fl 33914 | B | aviation | CH | | | \$500.00 |
| 1 | | | | | | | |
| 10/27/2010 / / | Beauvois, Dianne 408 SW 33rd Terrace Cape Coral, Fl 33914 | I | lee tax collector 's offi | CH | | | \$500.00 |
| 2 | | | | | | | |
| 10/26/2010 / / | Dupuy, Tyler M 2797 1st Street #1905 Ft. Myers, Fl 33916 | I | candidate | IK | advertisi radio ng. | | \$684.25 |
| 3 | | | | | | | |
| / / | | | | | | | |
| / / | | | | | | | |
| / / | | | | | | | |
| / / | | | | | | | |
| / / | | | | | | | |
| / / | | | | | | | |

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name TYLER DUPUY

(2) I.D. Number 155

(3) Cover Period 10/9/2010 through 10/28/2010

(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 | | | | | |
| 10/18/2010 / / | Premium GraphicX, 5512 Mitchelldale Street Houston, TX 77092 | sign printing. | MO | | \$362.00 |
| 1 | | | | | |
| / / | | | | | |
| / / | | | | | |
| / / | | | | | |
| / / | | | | | |
| / / | | | | | |
| / / | | | | | |
| / / | | | | | |