FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) ARNOLD A GIBBS Name	OFFICE USE ONLY 161						
(2) 5909 TARPON GARDENS CIR #201, CAPE CORA	L, FL B3914						
Address (number and street)							
City, State, Zip Code							
\square CHECK IF ADDRESS HAS CHANGED	(3) ID Number:						
(4) Check appropriate box(es): ☐ Candidate (office sought): SCHOOL BOARD-1 ☐ 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						
Cover Period: From 8/20/2010 To Special Election	IDENTIFIERS 9/10/2010 Report Type G1 G1 G1 G1 G1 G1 G1 G						
	 						
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT						
Cash & Checks \$0.00	Monetary Expenditures \$ 92.98						
Loans \$	Transfers to Office Account \$ 0.00						
Total Monetary \$	Total Monetary \$ 92.98						
In-Kind \$	-						
	(8) Other Distributions \$0.00						
(9) TOTAL Monetary Contributions To Date \$8,430.00							
	TIFICATION						
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.)	(Type name) Candidate Chairperson (only for PC, PTY & electioneering commun. organization)						
X	X						
Signature	Signature						

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name	ARNOLD A GIBBS			z) I.D. Numbe	er1	61
	8/20/2010		9/10/2010			
(3) Cover Perio	od / /	through		(4) Pag	e 1	of 0
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(E)	(7)	(0)	(0)	(40)	(4.4)	(40)
(5)	(7)	(8)	(9)	(10)	(11)	(12)
Date	Full Name					
(6)	(Last, Suffix, First, Middle)					
Sequence	Street Address &	Contribut		In-kind		
Number	City, State, Zip Code	Type Occu	pation Type	Description	Amendment	Amount
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _	ARNOLD	A GIB	BS				 (2) I.D. Num	iber	1	161	an an
		8/20/2	2010		9/10/20	010	* *				
(3) Cover F	eriod	1	1	through	1	1	 (4) Page	1	of	1	

(5) Date	(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
8/23/2010	Press Printing, 3601 Hanson Street Fort Myers, FL 33916	campaign signs	MO		\$92.98
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