

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

(1) ARNOLD A GIBBS

**Name**

(2) 5909 TARPON GARDENS CIR #201, CAPE CORAL, FL 33914

**Address (number and street)**

**City, State, Zip Code**

**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**

**(5) REPORT IDENTIFIERS**

Cover Period: From 9/25/2010 To 10/8/2010 / Report Type G3

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      \$ \_\_\_\_\_ 466.38

Transfers to Office Account      \$ \_\_\_\_\_ 0.00

Total Monetary              \$ \_\_\_\_\_ 466.38

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

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

\$ \_\_\_\_\_ 8,430.00

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

\$ \_\_\_\_\_ 4,126.50

**(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.

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(Type name)

Individual (only for electioneering commun.)     Treasurer     Deputy Treasurer

(Type name)

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

**X**

Signature

**X**

Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name ARNOLD A GIBBS (2) I.D. Number 161

9/25/2010 through 10/8/2010

(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
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name ARNOLD A GIBBS

(2) I.D. Number 161

(3) Cover Period 9/25/2010 through 10/8/2010

(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
10/4/2010 //	Citizens for a Better FM Govt, 2843 Thomas Street Fort Myers, FL 33916	display area and table.	MO		\$100.00
1					
10/6/2010 //	Scripps, 1100 Immokalee Road Naples , FL 34110	advertise newspaper ment	MO		\$350.00
2					
10/8/2010 //	L&S Restaurant, 12995 S. Cleveland Ave #39 Fort Myers, FL 33907	planning lunch	MO		\$16.38
3					
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