FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) GARY EIDSON Name	OFFICE USE ONLY 189							
(2) 4650 PINE LEVEL WAY, FORT MYERS, FL 3390	05							
Address (number and street)								
City, State, Zip Code								
☐ CHECK IF ADDRESS HAS CHANGED	(3) ID Number:							
(4) Check appropriate box(es):  \[ \times \text{ Candidate (office sought):} \] \[ \text{LEE MEMORIAL HEALTH SYSTEM-4} \] \[ \text{Political Committee} \] \[ \text{CHECK IF PC HAS DISBANDED} \]								
☐ Committee of Continuous Existence	CHECK IF CCE HAS DISBANDED							
<ul> <li>☐ Party Executive Committee</li> <li>☐ Electioneering Communication</li> <li>☐ CHECK IF NO OTHER ELECTIONEERING</li> <li>COMMUNICATION REPORTS WILL BE FILED</li> </ul>								
	IDENTIFIERS							
Cover Period: From	7/16/2010 / Report Type F1							
☑ Original ☐ Amendment ☐ Special Election	Report Independent Expenditure Report							
(6) CONTRIBUTIONS THIS REPORT (7) EXPENDITURES THIS REPORT								
Cash & Checks \$	Monetary Expenditures \$ 68.13							
Loans \$	Transfers to Office Account \$ 0.00							
Total Monetary \$ 750.00	Total Monetary \$ 68.13							
In-Kind \$								
	(8) Other Distributions \$ 0.00							
(9) TOTAL Monetary Contributions To Date \$ 10) TOTAL Monetary Expenditures To \$ 68.1								
(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)	(Type name)							
Individual (only for election eering commun.)  Treasurer Deputy Treasurer Candidate Chairperson (only for PC, PTY & election eering commun. organization)								
X	X							
Signature	Signature							

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name	GARY EIDSON			Z) I.D. Numbe	1	.89
	4/1/2010		7/16/2010			_
(3) Cover Peri	od / /	through	_ 1 1	(4) Pag	e	of
(5) Date	(7) Full Name	(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Contributor Type Occupation		In-kind Description	Amendment	Amount
5/29/2010 /	Eidson, Gary L 4650 Pine Level Way Fort Myers, FL 33905	I candidat	e LO			\$750.00
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1 1						
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1 1	_					
1 1						

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

(1) Name GARY	EIDSON					 (2) I.D. Nun	nber	-	189	.po
	4/1/20	10		7/16/20	10					
(3) Cover Period	1	1	through	1	1	(4) Page	1	of	1	

(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
6/10/2010	Bank of America, 6 mile Cypress Ft Myers , FL	checks	MO		\$39.00
6/15/2010	Lee County Elections, Ft Myers, FL	chk 991 fee	МО		\$25.00
6/15/2010	CVS, FOrt Myers, FL	off supllies	МО		\$4.13
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