

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

(1) GARY EIDSON
Name

(2) 4650 PINE LEVEL WAY, FORT MYERS, FL 33905
Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): LEE MEMORIAL HEALTH SYSTEM-4

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 9/11/2010 To 9/24/2010 / Report Type G2

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 \$ -39.98

Transfers to Office Account \$ 0.00

Total Monetary \$ -39.98

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 5,000.00

(10) TOTAL Monetary Expenditures To Date

\$ 4,181.76

(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 GARY EIDSON (2) I.D. Number 189

9/11/2010 through 9/24/2010

(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 GARY EIDSON

(2) I.D. Number 189

(3) Cover Period 9/11/2010 through 9/24/2010

(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					
9/21/2010 / /	Homestead / Intuit, 190 Jefferson Ave Menlo Park, CA 94025	refund and error 19.99 ref and 19.99 entry	RE	Delete	\$39.98
1					
9/21/2010 / /	Homestead / Intuit, 190 Jefferson Ave Menlo Park, CA 94025	entry error	RE	Add	\$0.00
2					
/ /					
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